

<b>Case Number:</b>	CM14-0117167		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a male with date of injury 7/16/2013. Per pain management re-evaluation dated 6/2/2014, the injured worker complains of pain in the neck, shoulder and lower back. He states that pain is worse lately. He reports that his pain became worse since pushing a truck after it ran out of gas. He reports that he was not able to get out for about one week. He reports generalized weakness, numbness, and tingling into his arms and legs. He states that physical therapy did not help much. Acupuncture is not helping. He reports that medications are helping somewhat. On examination straight leg raising test was noted to be positive in the right leg and lower back bilaterally. Patrick's test was noted to be negative. Facet loading and Spurling's were also noted to be positive. Sensation was intact to light touch. On strength testing there was weakness to be noted in the left triceps. There was tenderness to palpation noted over the cervical paraspinal musculature, upper trapezius muscles, scapular border, and lumbar paraspinal musculature. Diagnoses include 1) cervicgia 2) cervical radiculopathy 3) cervical disc protrusion 4) lumbar radiculopathy 5) lumbar disc protrusion 6) lumbar facet dysfunction 7) gastritis.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Cervical Epidural Steroid Injection C7-T1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection section Page(s): 46.

**Decision rationale:** Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; patient must be initially unresponsive to conservative treatment; injections should be performed using fluoroscopy for guidance; if used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block; no more than two nerve root levels should be injected using transforaminal blocks; no more than one interlaminar level should be injected at one session; in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year; no more than 2 ESI injections. The requesting physician explains that the injured worker has subjective and objective evidence of disc herniation. He has also failed non-surgical treatment including therapy and oral medications. The need for cervical epidural injections is to assist in avoiding cervical surgery and to give him some relief. MRI scan of the cervical spine demonstrates multilevel degenerative disc disease and disc protrusion. The EMG and NCV report dated 6/2/2014 reports abnormal NCV study of the bilateral upper and lower extremities with evidence of a diffuse sensory polyneuropathy affecting both arms and legs. EMG is abnormal with evidence of chronic right C7-8 cervical radiculopathy. It appears that the injured worker meets the criteria established by the MTUS Guidelines that would warrant the use of epidural steroid injection. The request for Cervical Epidural Steroid Injection C7-T1 is determined to be medically necessary.