

<b>Case Number:</b>	CM14-0121404		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/23/2010
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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:

The injured worker is a 58-year-old woman with a date of injury of 12/23/2010. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 03/13/2014, 04/04/2014, 05/06/2014, and 06/30/2014 indicated the worker was experiencing neck pain that went into the arms, headaches from the base of the head, and a decreased feeling in the arms. Documented examinations consistently described tenderness in the upper back and neck. The examination recorded in the note dated 06/30/2014 also described new increased reflexes in both arms, decreased motion in the upper back joints, and positive Hoffmann's testing on both sides. The EMG done on 03/06/2014 was normal. A CT of the upper back done on 06/17/2014 was reported to show degenerative disk disease, reversal of the normal spine curve, moderate canal stenosis at C4, and moderate to severe neuroforaminal narrowing at the left C3. The submitted and reviewed documentation concluded the worker was suffering from cervical radiculopathy and myelopathy, cervical spine stenosis and degenerative disk disease, C5 spondylolisthesis, and myofascial pain syndrome. Treatment recommendations included oral pain medications, home exercise program, heat therapy, stretching, continued acupuncture, medication injected near the spine at the C5 level, and follow up care. A Utilization Review decision was rendered on 07/17/2014 recommending non-certification for an intralaminar cervical C5-6 epidural steroid injection. An electrodiagnostic study report dated 03/06/2014 was also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Intralaminar Cervical Epidural Steroid Injection at C5-C6: Overturned**

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

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

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement and at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks. The submitted and reviewed records indicated the worker was experiencing neck pain that went into the arms, headaches from the base of the head, and a decreased feeling in the arms. The examination documented in the note dated 06/30/2014 described new increased reflexes in both arms, decreased motion in the upper back joints, and positive Hoffmann's testing on both sides. The EMG done on 03/06/2014 was normal. A CT of the upper back done on 06/17/2014 was reported to show moderate canal stenosis at C4 and moderate to severe neuroforaminal narrowing at the left C3, among other findings. While the EMG did not support radiculopathy, there was documentation of examination and imaging findings that were consistent with this issue. An "irritative" radiculopathy can be present but not be shown with an EMG. For these reasons, the current request for an intralaminar cervical C5-6 epidural steroid injection is medically necessary.