

<b>Case Number:</b>	CM14-0128293		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	05/15/2009
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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:

The injured worker is a 56-year-old male injured on May 15, 2009. The mechanism of injury was noted as falling down three or four steps. Diagnoses include low back pain with right L5-S1 radiculopathy, status post anterior lumbar fusion at L4-L5 in February 2012, and neck pain, status post cervical fusion at C5-C6. The most recent progress note, dated August 13, 2014, indicated that there were ongoing complaints of neck pain radiating to the bilateral shoulders and upper back along the C5-C6 dermatomes. The injured worker reports feeling pops and grinding when turning to the left. Current medications include Norco, Dilaudid, halcion, nabumetone, and Soma. The injured worker feels the pain medications do not control pain long enough. The physical examination demonstrated decreased cervical spine range of motion with tightness and spasms along the parascapular area. Diagnostic imaging studies of the cervical spine, dated June 22, 2010, revealed disc degeneration and spondylosis at C5-C6 and C6-C7. Treatment included a lumbar spine fusion at L4-L5 and cervical spine fusion at C5-C6. A request had been made for a cervical spine epidural steroid injection at C6-C7 and was not certified in the pre-authorization process on August 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cervical Epidural Steroid Injection (ESI) at C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** The CA MTUS guidelines note that epidural injections can be considered when there is documentation of objective radiculopathy on physical examination, corroborating with diagnostic imaging, and failure of conservative measures. Repeat epidural steroid injections can be an option when there is documented greater than 50% pain relief for six to eight weeks, documentation of objective functional improvement and a reduction in medication usage. In this case, there are no objective findings on examination indicative of radiculopathy, and there were no corroborative imaging studies included for review. Physical examination does not document any neurological deficits with strength, sensation, or reflexes in a specific dermatomal/myotomal distribution. Thus, given the lack of objective findings indicating radiculopathy, the requested cervical epidural steroid injection (ESI) at C6-C7 (laterality not specified) is not medically necessary.