

<b>Case Number:</b>	CM14-0131453		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/10/2009
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 54-year-old male who sustained a November 10, 2009 unknown mechanism of injury. The most recent July 22, 2014 progress note by pain management specialist, indicates the injured worker presents with continued complaints of neck and back pain. Cervical physical exam indicated the injured worker has 75% of flexion and extension. Lateral bending is 50% and 75% of rotation. The injured worker had a cervical epidural steroid injection on January 13, 2014 with 70% reduction of pain over five months. The epidural steroid injection allowed the injured worker to function better and increase activities of daily living as well as decrease use of Norco and MS Contin. The injection and medication use decreased the injured workers pain level from 9/10 to 1-2/10. On the last office visit, earlier in July 2014, the injured reported 50% pain relief since last injection. Since then, the injured worker's pain has gradually increased. On this office visit, pain is rated 6/10 and 9/10, without medications. Medications for pain include MS Contin, Norco 10/325, and Motrin 600mg. Diagnoses include lumbar back pain, neck pain, myofascial pain syndrome, cervical intervertebral discs without myelopathy, and cervical radiculopathy. 7. The June 18, 2011 Cervical MRI scan showed high-grade foraminal narrowing bilaterally C4-5 and C5-6 and on the left C6-7; moderately severe central narrowing C5-6 and moderate central narrowing; and disc dehydration and straightening of the normally-observed cervical lordosis. The August 21, 2013 Cervical spine MRI scan show post surgical changes of anterior cervical disc fusion of C5-6 and degenerative changes at C4-5. The request for bilateral Cervical epidural steroid injection at C4-C5 was denied in previous utilization review on July 30, 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 at right C4-C5, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS), Criteria for the use of Epidural Steroid Injections.

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

**Decision rationale:** The requested right C4-5 epidural steroid injection (ESI) is not approved because this request fails to satisfy the CA MTUS Chronic Pain Treatment Guidelines as there is no documented clinical evidence of cervical radiculopathy with associated upper extremity focal motor/sensory impairment and because the submitted cervical spine imaging studies do not show right C4-5 neurocompression. The CA MTUS Chronic Pain Treatment Guidelines regarding criteria for ESI state on page 46: "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing."

**Cervical epidural steroid injection at left C4-C5, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS), Criteria for the use of Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection (ESI).

**Decision rationale:** The requested right C4-5 epidural steroid injection (ESI) is not approved because this request fails to satisfy the CA MTUS Chronic Pain Treatment Guidelines as there is no documented clinical evidence of cervical radiculopathy with associated upper extremity focal motor/sensory impairment and because the submitted cervical spine imaging studies do not show right C4-5 neurocompression. The CA MTUS Chronic Pain Treatment Guidelines regarding criteria for ESI state on page 46: "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing."