

<b>Case Number:</b>	CM14-0152237		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/21/2008
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 and is licensed to practice in Georgia. 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 patient is a 47 year old male who was injured on 01/21/2008. The mechanism of injury is unknown. Prior medication history included Naproxen, Ambien, tramadol, and hydrocodone. Prior treatment history has included physical therapy and home exercise program. magnetic resonance imaging (MRI) dated 08/05/2014 revealed C5-6 moderate left foraminal stenosis due to uncovertebral hypertrophy; C6-C7 broad central 1 mm disc protrusion without stenosis; and C3-4 minimal disc bulge. Progress report dated 08/19/2014 documented the patient to have complaints of neck pain rated as a 9/10. On examination, there was tenderness to palpation of the cervical paraspinal muscles overlying the left C4-C5, C5-C6 and C6-C7 facet joints. Cervical ranges of motion were restricted by pain in all directions, flexion worse than extension. Muscle stretch reflexes were "1 and symmetric bilaterally" in all upper extremities. Hoffman's sign was absent bilaterally. 5/5 strength was noted in the bilateral upper extremities except 4+/5 in the left triceps, left deltoid, left biceps, left forearm extensors, and left grip strength. Decreased sensation was noted to the left shoulder, biceps, triceps, and extensor forearm. The patient was diagnosed with central stenosis at C6-C7, cervical facet joint arthropathy, cervical degenerative disc disease and cervical sprain/strain. A recommendation was made for a left C5-C6 and left C6-C7 transforaminal epidural steroid injection as the patient had failed physical therapy, non-steroidal anti-inflammatory drugs (NSAIDS) and conservative treatments. Prior utilization review dated 09/03/2014 stated the request for Fluoroscopically guided left C5-C6 and left C6-C7 transforaminal epidural steroid injection (ESI) was denied as there was a lack of documented evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically guided left C5-C6 and left C6-C7 transforaminal epidural steroid injection (ESI): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections "as an option for treatment of radicular pain." Per the California MTUS, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The Official Disability Guidelines (ODG) recommends epidural steroid injections for "radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis)". Current California MTUS recommendations do not support "series-of-three" injections, recommending no greater than two epidural steroid injections in the initial phase. The medical records fail to document objective exam findings consistent with isolated nerve root lesions of the left C6 and C7 nerve roots, which is what the requested procedure would address. The mild weakness involving myotomes not isolated to these levels, and the regions of decreased sensation also involve dermatomes not isolated to the stated levels. Additionally, the magnetic resonance imaging (MRI) findings are not consistent with radiculopathy at these levels. Based on the California MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.