

<b>Case Number:</b>	CM14-0161282		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Texas and Ohio. 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 male who reported an injury on 12/03/2007. Reportedly, while working for ██████, a trash disposal company, as a truck driver, the injured worker explained that, over the years as he drove the trash truck, he primarily used his left arm to steer the truck while he used his right arm to operate various controls. As a result for repetitive usage of his arm the injured worker stated that, over the years, he began to develop increasing pain in his left shoulder with the rest of difficulty in using his left arm above left shoulder level. The injured worker's treatment history included physical therapy, cervical epidural injections, shoulder surgery, medications, and therapy and biofeedback sessions. On 08/15/2011, it was documented the injured worker stated he underwent 3 cervical epidural injections by a pain management specialist, which did not alleviate his constant neck pain. On 02/18/2010, the injured worker had undergone an MRI of the cervical spine which revealed minimal to mild central canal stenosis, mild to moderate right neural foraminal stenosis was seen at C4-5 secondary to a 4 mm right paracentral broad based disc protrusion. Mild to moderate left neural foraminal stenosis was seen at C6-7 secondary to a 4 mm left posterolateral disc protrusion. Minimal central canal stenosis was seen at C3-4 and C5-6 secondary to a 3 mm broad based disc protrusion. On 09/08/2014, the injured worker was evaluated and it was documented the injured worker complained of neck pain. The pain radiated down the bilateral upper extremities. The injured worker complained of frequent muscle spasms in the neck area. The pain was aggravated by activity, flexion/extension, and rotation. The injured worker complained of low back pain. The pain radiated down the bilateral lower extremities. The pain was aggravated by activity, prolonged sitting, standing, and walking. The pain was 8/10 with intensity with medications and, without medications; it was 10/10. Physical examination of the cervical spine revealed there were

spasms noted bilaterally in the paraspinal muscles. Spinal vertebral tenderness was noted in the cervical spine C3-T2. There was tenderness noted upon palpation at the left trapezius muscle. There was occipital tenderness upon palpation on the left side. The range of motion was limited with flexion at 60 degrees and extension was 20 degrees. The range of motion of the cervical spine was moderately limited due to pain. Pain was significantly increased with flexion, extension, and rotation. The upper extremity sensory examination revealed no change since the injured worker's last visit. Upper extremity flexor and extensor strength was unchanged from prior examination. Diagnoses included cervical disc degeneration, cervical radiculopathy, lumbar disc degeneration, lumbar radiculopathy, medication related dyspepsia, chronic pain syndrome, radiculopathy per EMG/NCV dated 10/26/2009, and left L5-S1 radiculopathy per EMG/NCV dated 10/26/2009. The Request for Authorization was not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cervical Epidural Steroid Injection C5-C6: Upheld**

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

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

**Decision rationale:** The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Injured workers must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). However, the documentation submitted on 11/05/2008 the injured worker had undergone an EMG that was negative for cervical radiculopathy. It was documented on 10/26/2009 the injured worker had a diagnosis of cervical radiculopathy. On 09/08/2014, it was documented the injured worker complained of neck pain. The pain radiated down bilateral upper extremities. On 08/15/2011, the injured worker stated he had undergone 3 cervical epidural steroid injections by a pain management specialist, which did not alleviate his constant neck pain. The documents that were submitted failed to indicate the injured worker outcome measurements of previous conservative treatment such as exercises, physical methods, NSAIDs, and muscle relaxants. Moreover, the injured worker has undergone 3 cervical epidural steroid injections in the past with no significant functional improvement. As such, the request for Cervical Epidural Steroid Injection C5-C6 is not medically necessary.