

<b>Case Number:</b>	CM14-0217991		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/05/2010
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old female who suffered a work related injury on 10/05/2010. Diagnoses include cervical disc disease and lumbar spondylolisthesis. He is status post anterior cervical discectomy, foraminotomies, and spinal canal decompression, interbody fusion with cages and stabilization with anterior metal plate on 02/12/2013. Treatment has included medications, physical therapy and electric bone growth stimulator. He has had epidural steroid injections in the past. Mechanism of injury was not documented. A physician note provided from 8/1/2014 documents his pain is in the posterior aspect of his neck along with stiffness, and he rates his pain as 6-8 out of 10. The pain travels into the top of both shoulders, down his arms and into his hands. There is mild degree of pain in his hands. He also complains of pain in the upper back down to as low as the mid back. He has pain in both shoulders which is constant and rates it as 5 out of 10. The Utilization Review documents that a physician progress note dated 12/08/2014, notes the injured worker has pain in the neck and trapezius with radiation of the pain to the left deltoid, biceps and forearm. Exam of the cervical spine notes decreased cervical extension and rotation. Lumbar range of motion is normal. Wrist extensor strength is 4/5 and biceps is 4/5. Reflexes are 2/4 and symmetrical. Right forearm and right quad sensation is not intact. Magnetic Resonance Imaging is reported to show severe stenosis at C3-C4, Grade 1, spondylolisthesis is present at C5-C6 and there is a prior C6-C7 fusion. The request is for cervical epidural steroid injection for the cervical spine. Utilization Review which was done on 12/12/2014 non-certified the request for a cervical Epidural Steroid injection for the cervical spine citing California Medical Treatment Utilization Schedule (MTUS)-Epidural Steroid

Injections. Guidelines require a corroboration of a radiculopathy between physical exam and Magnetic Resonance Imaging or EMG/NCS. In this case the Magnetic Resonance Imaging report is not provided for review and the reported results of the Magnetic Resonance Imaging study does not indicate evidence of neurocompression. In addition, there is no documentation of the extent of the injured worker's current pain and function, and no documentation is provided detailing recent prior treatment.

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

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

**Cervical epidural steroid injection for the cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The request is for a cervical epidural injection. On 12/12/14 Utilization Review denied a request for a cervical epidural injection based on a 12/8/14 medical report. The 12/8/14 medical report was not provided for this review. There are no MRI reports and no electrodiagnostic studies provided for review. There is an 8/1/14 QME report that lists the diagnoses as: status post C6/7 ACDF; multilevel cervical disc bulging stenosis; chronic cervical radiculitis; status post right shoulder rotator cuff repair, decompression and resection arthroplasty of the distal clavicle. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections page 46 states these are recommended as an option for treatment of radicular pain - defined as pain in dermatomal distribution with corroborative findings of radiculopathy-. The MTUS Criteria for the use of Epidural steroid injections states: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The available records did not include the 12/8/14 medical report, and there are no recent physical exam findings provided that identify pain in a dermatomal distribution and no imaging or electrodiagnostic reports provided to corroborate findings of radiculopathy. Based on the available information, the request for an epidural injection is not in accordance with MTUS guidelines. The request for Cervical Epidural Steroid Injection for the cervical spine IS NOT medically necessary.