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| <b>Case Number:</b>   | CM15-0111575 |                              |            |
| <b>Date Assigned:</b> | 06/18/2015   | <b>Date of Injury:</b>       | 03/05/2003 |
| <b>Decision Date:</b> | 07/17/2015   | <b>UR Denial Date:</b>       | 06/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2015 |

### 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:

The injured worker is a 61 year old male, who sustained an industrial injury on 3/5/2003. The current diagnoses are cervical spondylosis, cervical disc displacement, cervical radiculopathy, and C3-4 spondylolisthesis. According to the progress report dated 3/19/2015, the injured worker complains of severe right-sided neck pain. The pain is described as intermittent, sharp electrical pain. The pain is rated 5-10/10 on a subjective pain scale. The physical examination of the cervical spine reveals positive Spurling's and facet provocation test on the right side with severe sharp, electrical, shooting pain into the right shoulder and scapula and distal right upper arm with 15-20 degree cervical rotation and extension, moderate to severe muscle spasm in the trapezius muscle and right paraspinal muscles, decrease in sensation to alcohol swab in the C6 dermatome bilaterally, and C4 dermatome on the right side. The medications prescribed are Gabapentin, Fenopropfen, Tramadol, Viibryd, and Cyclobenzaprine. Treatment to date has included medication management and MRI studies. MRI scan of the cervical spine shows a 4.5 millimeter disc herniation at C3-4 with retrolisthesis and moderate spinal stenosis with AP diameter of 8.9 millimeter severe facet joint hypertrophy and uncovertebral joint hypertrophy. C3-4 foraminal stenosis which is severe and left-sided C3-4 foraminal stenosis is moderate. C5- 6: Severe foraminal stenosis, right C5-6 secondary to severe facet hypertrophy and a 2.5 millimeter disc herniation. The plan of care includes cervical transforaminal epidural steroid injection at right C3-4 and C5-6 under fluoroscopy guidance and conscious sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical transforaminal epidural steroid injection at right C3-4 and C5-6 under fluoroscopy guidance and conscious sedation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

**Decision rationale:** The patient exhibits findings of facet arthropathy s/p recent radiofrequency ablation with improvement. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, not provided here. There are no motor or reflex deficits described. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Cervical epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Cervical transforaminal epidural steroid injection at right C3-4 and C5-6 under fluoroscopy guidance and conscious sedation is not medically necessary and appropriate.