

<b>Case Number:</b>	CM15-0128308		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	05/14/2007
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 62-year-old male, who sustained an industrial injury on 05-14-2007. He has reported subsequent low back and neck pain and was diagnosed with myofascial pain, lumbago, facet arthritis of the cervical spine, degenerative disc disease of the cervical spine, chronic intractable pain, cervicgia and lumbar facet arthropathy. MRI of the cervical spine dated 01-29-2013 showed multilevel degenerative changes most predominant at C4-C5 with moderate severe right and left neural foraminal narrowing, moderate degenerative disc disease and osteophyte complex, osteophyte complex and facet degeneration with neural foraminal narrowing at C5-C6 and moderate degenerative disc disease with osteophyte complex and moderate bilateral neural foraminal narrowing at C6-C7. Treatment to date has included medication, application of heat and ice, Toradol injection, a home exercise program, neck traction and acupuncture. Progress notes in 2012 and 2013 indicate that a cervical epidural injection had been authorized but that the injured worker did not receive it due a meningitis outbreak. In a progress note dated 06-08-2015, the injured worker reported severe right sided neck pain that had worsened as well as bilateral hand pain and back pain. The injured worker was noted to have radicular symptoms with the right side being worse. Norco and Nortriptyline were noted to help with pain. Objective findings were notable for severe bilateral tenderness and severely decreased range of motion of the cervical spine with extension and facet loading as well as myofascial tenderness. Upper extremity examination was within normal limits. The injured worker was noted to be off work. A request for authorization of 1 cervical epidural steroid injection was submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Cervical epidural steroid injection: 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 injured worker sustained a work related injury on 05-14-2007. The medical records provided indicate the diagnosis of myofascial pain, lumbago, facet arthritis of the cervical spine, degenerative disc disease of the cervical spine, chronic intractable pain, cervicgia and lumbar facet arthropathy. MRI of the cervical spine dated 01-29-2013 showed multilevel degenerative changes most predominant at C4-C5 with moderate severe right and left neural foraminal narrowing, moderate degenerative disc disease and osteophyte complex, osteophyte complex and facet degeneration with neural foraminal narrowing at C5-C6 and moderate degenerative disc disease with osteophyte complex and moderate bilateral neural foraminal narrowing at C6-C7. Treatment to date has included medication, application of heat and ice, Toradol injection, a home exercise program, neck traction and acupuncture. The medical records provided for review do not indicate a medical necessity for 1 cervical epidural steroid injection. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The medical records revealed no evidence of radiculopathy based on physical examination or by imaging and or nerve studies. Therefore, the request is not medically necessary.