

<b>Case Number:</b>	CM15-0178316		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	08/31/2007
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 08-31-2007. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for neck and upper extremity pain. Medical records (12-23-2014 to 08-13-2015) indicate ongoing neck pain, upper extremity pain and low back pain with a low back pain rating of 7 out of 10 in severity. Records also indicate no changes in activities of daily living. Per the secondary treating physician's progress report (PR), the IW has not returned to work. The physical exams, dated 07-16-2015 and 08-13-2015, indicates increased cervical spine pain with extension versus flexion as the earlier exam just reports pain with range of motion. There was tenderness upon palpation of the cervical spine noted on the 07-16-2015 exam which was not reported on the 08-13-2015 exam. Additionally, the 08-13-2015 exam reports tenderness at the left elbow with palpation at the cubital tunnel with numbness and tingling in the 3rd, 4th and 5th fingers of both hands, and some tenderness to palpation on the left. These findings were no reported on the previous exam. Relevant treatments have included home exercise program, work restrictions, and pain medications. A MRI of the cervical spine (08-05-2015) was available and revealed multilevel disc protrusions with moderate central canal narrowing and mild neural foraminal narrowing at C3-4, moderate central canal narrowing, moderate bilateral neural foraminal narrowing at C4-5, moderate central canal narrowing, mild to moderate neural foraminal narrowing at C-6, and a broad based disc bulge at C6-7 with mild central canal narrowing. The request for authorization (08-20-2015) shows that the following procedure was requested: C7-T1 interlaminar epidural

injection. The original utilization review (08-27-2015) denied the request for C7-T1 interlaminar epidural injection based the lack of documented failed conservative treatments.

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

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

**C7-T1 interlaminar epidural injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant sustained a work injury in August 2007 and is being treated for neck and upper extremity pain. When seen, he was having radiating symptoms into the right shoulder with numbness in the shoulder and right hand. These complaints were also documented at the initial visit on 07/16/15. A subsequent MRI of the cervical spine on 08/05/15 included findings of multilevel right lateralized disc protrusions and foraminal narrowing. Current physical examination findings include pain with cervical extension and decreased bilateral hand sensation. A cervical epidural steroid injection is being requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased upper extremity sensation. Imaging is reported as showing findings that correlate with the claimant's right sided radicular pain complaints which are consistently documented in the two visits to the requesting provider. The epidural steroid injection was medically necessary.