

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0025167 |                              |            |
| <b>Date Assigned:</b> | 11/20/2013   | <b>Date of Injury:</b>       | 09/28/2012 |
| <b>Decision Date:</b> | 09/24/2014   | <b>UR Denial Date:</b>       | 08/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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 54-year-old female who reported an injury on 09/28/2012. The mechanism of injury involved a motor vehicle accident. Current diagnoses include pain in a joint of multiple sites, cervicalgia, lumbago, and muscle spasm. The injured worker was evaluated on 07/23/2013. The injured worker reported 7/10 pain. The injured worker was participating in aquatic therapy. Physical examination revealed paravertebral muscle tenderness, positive FABER testing, positive Waddell's sign, muscle spasm, limited cervical range of motion, 4/5 strength in the bilateral upper extremities, and negative Spurling's maneuver. Treatment recommendations at that time included prescription for Duexis 800 mg and Soma 350 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5 transforaminal Epidural steroid injection (ESI), with RPT 8/21/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS), 2009, Epidural Steroid Injection (ESI) Page(s): 46.

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

**Decision rationale:** The patient is a 54-year-old female who reported an injury on 09/28/2012 when she was involved in a motor vehicle accident. She was reported to complain of low back pain, more on the right side than the left, radiating to the right knee and below as well as occasional left lower back pain with left leg radiation. She was reported to have tenderness over the right lower paravertebral muscles. She was noted to have normal reflexes of the lower extremities, normal sensory exam and normal muscle strength of the bilateral lower extremities. She was reported to have undergone an MRI of the lumbar spine on 07/30/2013, which was reported to show mild degenerative disc disease, worse at L4-5, where there was a bulge, facet arthrosis, and mild canal narrowing and mild to moderate right and mild left neural foraminal narrowing. A request was submitted for a right L4-5 transforaminal epidural steroid injection. The California MTUS Guidelines state that epidural steroid injections are recommended for patients who complain of radiculopathy with objective findings of neurological impingement on physical exam that are corroborated by imaging studies and which are initially unresponsive to conservative treatment. The patient is reported to complain of radiation of pain to the right lower extremity; however, on physical examination, she is not noted to have any neurological deficits. In addition, although the patient is reported to have undergone an MRI of the lumbar spine, the official report was not submitted for review to corroborate the findings reported. As such, the request for an epidural steroid injection of the lumbar spine does not meet guideline recommendations. Based on the above, the request for a right L4-5 transforaminal epidural steroid injection (ESI) RPT 08/21/2013 is non-certified.

**C5-C6 selective nerve block, rpt 8/21/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS), 2009, Epidural Steroid Injections (ESI) Page(s): 46.

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

**Decision rationale:** The patient is a 54-year-old female who reported an injury on 08/28/2012 when she was reported to have been involved in a motor vehicle accident. She was reported to complain of neck pain with headaches, more on the right side, with upper back pain and right arm pain with intermittent numbness of the right hand and arm. She was noted to have undergone a cervical MRI on 07/30/2013 which noted mild degenerative disc disease of the cervical spine, worse at C5-6, where there was a disc osteophyte complex, facet arthrosis, mild central canal narrowing and mild to moderate right neural foraminal narrowing. She was noted on physical examination to have normal reflexes of the upper and lower extremities, muscle spasms in the trapezius, limited range of motion of the cervical spine, 4/5 strength in the upper extremities in all muscle groups tested with a normal sensory exam. The California MTUS Guidelines state that an epidural steroid injection is recommended for patients who complain of radiculopathy that is documented by neurological deficits on physical exam which is corroborated with imaging studies and that is initially unresponsive to conservative treatment. The patient is noted to have treated conservatively with physical therapy, aquatic therapy, NSAIDs and narcotic analgesics without improvement. She was noted to have decreased strength of the right upper extremity; however, the exam findings do not note that the strength is in a dermatomal distribution and does corroborate with the imaging studies of 07/30/2013, which reports mild to moderate right neural foraminal stenosis at C5-6; and as such, the requested cervical epidural steroid injection does not meet guideline recommendations. Based on the above, the request for a C5-6 selective nerve root block with RPT 08/21/2013 is non-certified.