

<b>Case Number:</b>	CM14-0102006		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/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 patient is a 45-year-old male who was injured on May 24, 2013. The patient continued to experience pain in his lower back, neck, and left shoulder. Physical examination was notable for limited range of motion of the cervical spine, dysesthesia of the C5 and C6 dermatomes, tenderness of the lumbar paraspinal muscles, and dysesthesia of the L5-S1 dermatome. MRI of the lumbar spine dated 6/18/14 reported 4-5mm posterior disc protrusion/extrusion with annular tear noted in relation to the left paracentral posterior aspect of the disc of L5-S1, encroachment on the epidural fat as well as on the foramina bilaterally, and compromise of the traversing right S1 nerve root and to a lesser extent traversing left S1 nerve root. MRI of the cervical spine dated 5/27/14 multilevel disc disease with annular tears and no compromise of the nerve roots. Diagnoses included cervical discopathy/radiculopathy, cervicgia, internal derangement left shoulder, and lumbar discopathy with radiculitis. Treatment included physical therapy, chiropractic therapy, home exercise program, and left shoulder injections. Request for authorization for pain management consultation for possible cervical and lumbar epidural steroid injections was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation for Possible Cervical and Lumbar Epidural Steroid Injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedures Summary last update 05/15/2014, Office Visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines, Page(s): 46.

**Decision rationale:** Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case the documentation does not support diagnosis of radiculopathy on physical examination. There are no sensory deficits or motor weakness documented and imaging studies do not corroborate the physical findings. Medical necessity for epidural steroid injections has not been met. Therefore, the request for pain management consultation for possible cervical and lumbar epidural steroid injections is not medically necessary and appropriate.