

<b>Case Number:</b>	CM13-0004825		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 51 year old male who reported an injury on 04/25/2012, due to cumulative trauma while performing normal job duties. The patient reportedly sustained injury to the cervical and lumbar spine. The patient underwent an MRI of the cervical spine that revealed moderate bilateral neural foraminal narrowing and a left disc bulge indenting the thecal sac, causing mild to moderate spinal stenosis; a 2 mm disc bulge causing severe left and moderate severe right neural foraminal narrowing; and a disc bulge at the C5-6 with moderate to severe right and severe left neural foraminal narrowing, and a disc bulge at the C6-7 with mild right and moderate left neural foraminal narrowing. The patient's most recent clinical documentation indicates that the patient has numbness in the C7 distribution. A request was made for cervical epidural steroid injections from the C3-5 levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cervical Epidural Steroid Injection C3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have radicular findings in a specific dermatomal distribution that are corroborate by an imaging study or electrodiagnostic study, and have failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the patient has radicular complaints; however, there is no documentation that the patient has radicular findings in the C3 dermatome. Therefore, a cervical epidural steroid injection at the C3 level would not be indicated. As such, the requested cervical epidural steroid injection at C3 is not medically necessary or appropriate.

**Cervical Epidural Steroid Injection C4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have radicular findings in a specific dermatomal distribution that are corroborate by an imaging study or electrodiagnostic study, and have failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the patient has radicular complaints; however, there is no documentation that the patient has radicular findings in the C4 dermatome. Therefore, a cervical epidural steroid injection at the C4 level would not be indicated. As such, the requested cervical epidural steroid injection at C4 is not medically necessary or appropriate.

**Cervical Epidural Steroid Injection C5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have radicular findings in a specific dermatomal distribution that are corroborate by an imaging study or electrodiagnostic study, and have failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the patient has radicular complaints; however, there is no documentation that the patient has radicular findings in the C5 dermatome. Therefore, a cervical epidural steroid injection at the C5 level would not be indicated. As such, the requested cervical epidural steroid injection at C5 is not medically necessary or appropriate.