

<b>Case Number:</b>	CM13-0010829		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	02/25/1991
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Family Practice, and is licensed to practice in Texas. 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 52-year-old male who reported a work-related injury on 2/25/91; the mechanism of injury was not provided. The patient was noted to have tenderness to palpation and spasm of the cervical paraspinal muscles extending into the trapezius muscle. The axial compression and the Spurling's sign were noted to be positive on the left. The patient was noted to have limited range of motion on flexion, extension, and lateral rotation bilaterally. The diagnoses included cervical disc disease and cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for a right C4-C5 transfacet epidural injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS guidelines recommend that an epidural steroid injection must be precluded by documented radiculopathy upon physical examination, which should also be corroborated by imaging studies and/or electrodiagnostic testing. It also must be initially unresponsive to conservative treatment. Clinical documentation submitted for review indicates

the patient has objective physical examination findings; however, there was not corroboration by MRI, as the MRI itself was not provided for review. Additionally, there was a lack of documentation indicating if the patient was unresponsive to conservative treatment. Given the above, the request is not medically necessary.