

<b>Case Number:</b>	CM13-0019990		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports 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 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.

### 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 44-year-old who reported an injury on 11/28/2012 due to cumulative trauma. On 06/12/2013, the patient underwent an MRI of the cervical spine without contrast which revealed mild right lateral disc protrusion and osteophytic ridging creating minimal right lateralizing central spinal canal stenosis. It also noted minimal disc protrusions creating only minimal canal compromise as discussed above. The patient has been diagnosed with a displacement of cervical intervertebral disc without myelopathy. On her most recent clinical evaluation dated 08/05/2013, the patient was seen for a followup status post C5, C6, C7 median branch blocks. The patient reported no immediate improvement with the diagnostic tests and continued to complain of pain in the neck with radiation to the left arm and left wrist. The patient described her pain as associated with tingling and weakness in the left hand, which is frequent and moderate in intensity. She rates her pain at 5/10 with her worst pain at 9/10. The pain is aggravated by lifting, carrying, doing exercises, and pushing a shopping cart, as well as leaning forward. The pain is relieved with medications, rest, application of ice, bracing, compression, and relaxation. The patient also reported that her pain is alleviated with chiropractic treatments and would like more sessions. At this time, the physician is requesting a cervical epidural steroid injection at C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**cervical ESI (Epidural Steroid Injection) at C6-C7:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. However, at the bottom of the paragraph under epidural steroid injections, it states "there is insufficient evidence to make any recommendation with the use of epidural steroid injections to treat radicular cervical pain". Therefore, although the patient does have clinical and diagnostic evidence of cervical radiculopathy, due to Chronic Pain Medical Treatment Guidelines non-recommendation for an epidural steroid injection of the cervical spine to treat radicular pain, the requested service cannot be warranted. The request for a cervical ESI at C6-C7 is not medically necessary or appropriate.