

<b>Case Number:</b>	CM13-0023284		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine, 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Review of the reports by [REDACTED] shows that the patient has neck pain that radiates to bilateral upper extremities to the shoulder, hand and fingers as well as head. Numbness and tingling also noted. Pain level is at 5-6/10 with meds. Exam showed decreased motor strength involved the muscles within the C4-7 dermatome. Listed diagnoses are Cervical radiculitis, radiculopathy, disc degeneration, occipital neuralgia, headaches, chronic pain. Request was C-ESI bilaterally at C5-C7 levels. MRI of C-spine is described in the treater's report from 2/13/13. MRI is from 5/23/11 and showed 2mm disc at C5-6 with mild narrowing of the central canal, small bulge at C4-5 and C6-7 without significant spinal canal or foraminal encroachment. Another MRI report from 9/18/12 showed 2mm disc at C5-6 with a 3mm far right disc protrusion, potential impingement on the exiting C6 nerve; 2mm far right and far left posterolateral disc protrusion at C6-7. EMG from 9/25/12 reported as acute bilateral C6,C7 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

**Decision rationale:** Review of the reports show that this patient has chronic neck and bilateral upper extremity pains. MRI showed lateral disc protrusions particularly at C5-6 and C6-7, although they were small at 2mm. EMG was positive for acute radiculopathies at C6,7 levels. I was unable to tell based on reports provided that the patient has had an ESI in the past, and if so, with what results. MTUS requires a diagnosis of radiculopathy for an ESI. In this case, given the EMG findings of radiculopathy, and lack of prior trial of injection, recommendation is for authorization.