

<b>Case Number:</b>	CM13-0026792		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	02/26/2008
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Physical Medicine and Rehabilitation 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 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 an employee of [REDACTED] and has submitted a claim for neck pain with an industrial injury date of February 26, 2008. Treatment to date has included medications and two surgeries: C5-6 and C6-7 anterior cervical discectomy fusion with plating; and removal of right anterior cervical discectomy retained foreign body. The patient denied undergoing physical therapy, cervical traction, and epidural steroid injections. Utilization review from September 9, 2013 denied the request for cervical steroid epidural steroid injection because there were no physical examination findings submitted to support a radiculopathy at any cervical level and there were no corroborating imaging studies. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of constant neck pain accompanied by difficulty swallowing and breathing. Pain was worse when lying down and was improved by sitting. On physical examination, the neck is non-tender to palpation and has reasonable range of motion. There was a negative Spurling's test. Strength and sensation was grossly intact. Deep tendon reflexes were equal and symmetric on all extremities. A cervical MRI dated July 09, 2013 showed diffuse cervical and thoracic disc degeneration with no significant bulge or disc herniation; mild diffuse arthropathy; mild to moderate left and mild right C4-5 neural foraminal narrowing; decreased lordosis; and no cord compression, canal stenosis or myelopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL STEROID EPIDURAL STEROID INJECTION QTY: 1: 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 Page(s): 46.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that epidural steroid injections are supported only in patients with radicular pain that has been unresponsive to initial conservative treatment, which include exercises, physical methods, and medications. In addition, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the medical records note that the patient has only been taking medications and has not undergone physical therapy or home exercises; hence conservative care has not been exhausted. Moreover, the documentation submitted for review failed to provide objective findings of radiculopathy on physical examination and on imaging studies. The request for cervical steroid epidural steroid injection, quantity 1 is not medically necessary and appropriate.