

<b>Case Number:</b>	CM13-0031580		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	11/11/2005
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

██████████ is a 44 year old woman who sustained a work related injury on November 11, 2005. According to the note of September 4, 2013, the patient was reported to have severe neck pain despite physical therapy as well as other conservative therapies. On June 12, 2013, the patient underwent cervical facet injection. Her physical examination demonstrated neck tenderness with reduced range of motion. Her cervical MRI showed disc protrusion at C5-6 and C6-7. The provider is requesting authorization for cervical epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cervical epidural steroid injection C7-T1: Upheld**

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

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

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is recommended as an option for the treatment of radicular pain. The purpose of the injection is to reduce pain and inflammation, restore range of motion facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

Epidural injection is indicated when the diagnosis of radiculopathy is confirmed clinically and corroborated by imaging or electrodiagnostic testing, when there is no response to conservative treatment. In this case, there is no clear clinical evidence of cervical radiculopathy or radicular pain, no electrophysiology documentation of radiculopathy. Furthermore, there is no clear documentation of pain from previous injection. Therefore, the requested for cervical epidural injection is not medically necessary.