

<b>Case Number:</b>	CM13-0032940		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 & 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:

According to the records made available for review, this is a 42-year-old male with a 5/20/13 date of injury and status post cervical laminectomy and fusion C3-C7 in 2001. At the time (9/17/13) of request for authorization for left epidural steroid injection at C6-7, there is documentation of subjective (neck pain radiating to the upper back, scapula, and bilaterally down the arms, left greater than right, with numbness, tingling, and weakness in the left hand) and objective (tenderness to palpation over the lower cervical region, decreased cervical range of motion, and decreased strength of the deltoids, biceps and triceps bilaterally) findings, imaging findings (MRI of the cervical spine (8/1/13) report revealed patent central canal and patent neural foramina at C6-7), current diagnoses (cervical spine sprain/strain, cervical disc disease, and status post cervical laminectomy and fusion C3-C7), and treatment to date (medications, cervical laminectomy and fusion, activity modification, and physical modalities). There is no documentation of imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT EPIDURAL STEROID INJECTION AT C6-7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

**Decision rationale:** MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, cervical disc disease, and status post cervical laminectomy and fusion C3-C7. In addition, there is documentation of subjective (pain, numbness, and tingling) and objective (motor changes) radicular findings in the requested nerve root distribution, and failure of conservative treatment (activity modification, medications, and physical modalities). However, given documentation of imaging findings (MRI of the cervical spine identifying patent central canal and patent neural foramina at C6-7), there is no documentation of imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level. Therefore, based on guidelines and a review of the evidence, the request for left epidural steroid injection at C6-C7 is not medically necessary.