

<b>Case Number:</b>	CM13-0033303		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/01/1994
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 66 year old female who reported injury on 12/01/1994. The mechanism of injury was continuous trauma. Diagnoses included degenerative disc disease with loss of disc space height at C4-5 and C5-6, retrolisthesis C4 on C5, and right upper extremity cervical radiculitis. The past treatments included C7-T1 epidural steroid injection without documentation of response in February 2013, and medications. An MRI of the cervical spine, dated 06/11/2012, revealed cervical spondylosis at C3-4 through C6-7 discs, 3mm posterior central disc protrusion C3-4, and uncovertebral spurring with moderate to severe neural foraminal narrowing bilaterally at C4-5 and C5-6. Surgical history noted a right carpal tunnel release and a left thumb trigger finger release. The progress note, dated 06/24/2014, noted the injured worker complained of sharp severe pain in the left side of the neck that radiated to her head, and states her prescribed medication reduces her pain intensity from a 9-10/10 to a 7/10. The physical exam revealed significant guarding of the cervical spine, and diffuse tenderness in the paraspinal muscles, and bilateral shoulder girdles. Medications included methylprednisolone 4mg dosepak, Neurontin 300mg 2 capsules at night, and Percocet 5/325mg every 6 hours as needed for pain. The treatment plan noted a trigger point injection and a left occipital block were performed at the visit, and discussed possible need for cervical fusion if she develops neurological compromise. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Injection x1:** 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 Epidural Steroid Injections, Page(s): 46..

**Decision rationale:** The injured worker cervical degenerative disc disease, neck pain which radiated to her head, and diffuse tenderness in the paraspinal muscles and bilateral shoulder girdles. She was previously treated with epidural steroid injection at C7-T1 in February 2013, however, the response to treatment was not provided. She received a trigger point injection and occipital block on 06/24/2014, and the response to treatment was also not provided. The California MTUS guidelines indicate the criteria for epidural steroid injection includes documentation of radiculopathy on physical exam in the applicable dermatomal distribution with corroborative findings of radiculopathy, supported by imaging or electrodiagnostic testing, and a failed response to conservative treatment. There was no indication of radiculopathy upon physical examination. The intended level of injection was not provided to determine medical necessity. The response to the previous epidural steroid injection at C7-T1 was not indicated within the provided documentation. The injured worker was not noted to have any indication of neurological deficits on the physical exam. There was no documentation provided to support the injured worker's current need for a cervical epidural steroid injection, as such, the request is not medically necessary.