

<b>Case Number:</b>	CM13-0035339		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/16/2004
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Internal Medicine and Cardiology, has a Fellowship trained in Cardiovascular disease 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 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:

The patient is a 47-year-old female who reported an injury on 08/16/2004. The mechanism of injury was not provided. The patient was noted to have an MRI, which revealed the patient had a central focal disc protrusion that abutted the thecal sac at the level of C6-7. The patient's diagnosis was noted to include cervical disc displacement and the request was made for a cervical epidural steroid injection at C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient cervical epidural injection to C6-7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The patient was noted to have a negative Spurling's maneuver. The patient was noted

to have full range of motion in all planes of the cervical spine and was noted to have normal bulk and tone in all major muscle groups of the upper extremities, as well as normal deep tendon reflexes and a normal sensory examination for the upper extremities. The imaging study provided, an MRI of the cervical spine, revealed the patient had a focal disc protrusion abutting the thecal sac at C6-7. However, given the lack of documentation of objective findings upon examination, and the lack of documentation of initial unresponsiveness to conservative treatment, the request for an Outpatient cervical epidural injection to C6-7 is not medically necessary.