

<b>Case Number:</b>	CM13-0037833		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Family Practice 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 45-year-old male who reported an injury on 06/13/2013 due to a twisting motion while lifting a heavy object that caused injury to the low back. The patient underwent an MRI in 10/2013 that revealed L3-4 mild disc degeneration and bulging and an L5-S1 moderate left and mild right facet arthropathy. Prior treatments included interferential stimulator, therapeutic exercise, heat, and iontophoresis. The patient's most recent clinical documentation reported that the patient had continuing low back pain exacerbated by prolonged activity. Physical findings included decreased motor strength in the bilateral lower extremities rated at a 3/5 with diminished touch in all dermatomes and a positive straight leg raising test bilaterally. The patient's diagnoses included cervical displacement with radiculitis, neck pain, low back pain, myofascial pain and lumbar disc displacement with radiculitis. The patient's treatment plan included an epidural steroid injection and continuation of medications. Evaluation of the cervical spine revealed limited range of motion secondary to pain, 5/5 strength in the upper extremities, diminished sensation in all upper extremity dermatomes on the right side, and a positive Spurling's test bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection at C7-T1 62310:** 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 requested cervical epidural steroid injection at C7 through T1 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients that have physical findings of radicular pain corroborated by an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does provide evidence that the patient is currently participating in physical therapy. The efficacy of that therapy would need to be provided prior to determining the need for an epidural steroid injection. Additionally, the clinical documentation does not provide physical evidence of radiculopathy in specific dermatomes to determine the need for a cervical epidural steroid injection. Also, although it is noted within the documentation, an imaging study for the cervical spine supporting nerve root pathology was not provided for review. As such the requested cervical epidural steroid injection at the C7 through T1, 62310 (unspecified lateralization) is not medically necessary or appropriate.