

<b>Case Number:</b>	CM13-0043221		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Occupational 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:

The injured worker reported a date of injury 6/6/11. Per the requesting provider's progress report, the injured worker complains of neck pain radiating into right arm. He has had increasing neck pain since his injury rated at 4/10. Pain is a constant pain that can increase to a sharp sensation radiation to his right arm. Exacerbating factors include turning head to the right. The only alleviating factors are therapy and traction. The pain is intermittent but can come on at any time. Previously, he was tried physical therapy and home exercises, all of which have provided minimal or temporary pain relief. Musculoskeletal exam reveals cervical flexion, extension, and lateral rotation limited to 90 percent of normal. On deep palpation of the trapezius and levator scapulae muscles, there are significant spasming and twitching of the muscle bellies. Extension causes facet loading pain, and palpation of the cervical facets also elicit facet tenderness. On ipsilateral rotation with flexion, the injured worker is able to elicit the radicular pain into the right arm. Motor function is 5-/5 in the right upper extremity. Sensory perception is intact to soft touch in the right upper extremity. Assessment is that the injured worker suffers from chronic neck pain due to degenerative disc disease. He also has radicular symptoms into his right shoulder and arm. Diagnoses include: 1) Degeneration of cervical intervertebral disc; 2) Cervicalgia; 3) Brachial neuritis or radiculitis NOS; 4) Unspecified essential hypertension; 5) Pure hypercholesterolemia; 6) Spinal stenosis in cervical region. Treatment plan includes: 1) Start compound cream; 2) Start Butrans patch; 5 mcg/hr #4; 3) Start Lyrica 50 mg orally three times daily #90; 4) Request C5/C6 cervical epidural steroid injection with a two weeks follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL SPINE EPIDURAL STEROID INJECTION IN THE C5-C6 LEVEL.:**

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:** Although physical exam by the requesting provider does document radiculopathy and the injured worker has had inadequate response to conservative treatment, cervical radiculopathy is not corroborated by imaging studies and/or electrodiagnostic testing. The criteria for the use of epidural steroid injections is therefore not met as outlined in the cited guidelines. The request for cervical spine epidural steroid injection in the C5-C6 level is determined to not be medically necessary.