

<b>Case Number:</b>	CM13-0045690		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 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 patient is a 59-year-old female who reported an injury on 10/24/2012. The mechanism of injury was not provided. On the note dated 09/05/2013, the patient had complaints of a considerable amount of neck pain and headaches. The patient denied any radiating arm pain. Upon physical examination of the cervical spine, there was moderately limited cervical range of motion in flexion, extension, and rotation. Upon palpation, there was tenderness over the cervical spine. The motor and sensory testing were intact to the bilateral upper extremities. The official MRI of the cervical spine dated 01/12/2013 indicated that there were multilevel degenerative changes within the cervical spine including small disc osteophyte complexes at each level from C3 - C4 and C7 - T1. There was no significant spinal canal stenosis. There was minimal foraminal narrowing at the C4-5, C5-6, and C6-7 levels, and mild foraminal narrowing at C7 through T1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Translaminar Cervical Epidural Injection under fluoroscopy guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In addition, the California MTUS Guidelines recommend that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must also be initially unresponsive to conservative treatment such as exercise, physical methods, NSAIDs, and muscle relaxants. The records provided for review failed to show subjective and objective findings that would indicate radiculopathy of the cervical spine. In addition, the MRI of the cervical spine failed to indicate that nerve root impingement was present. In addition, the records provided failed to show documentation of conservative treatment such as exercise, physical methods, and NSAIDs, and muscle relaxants that had been tried and failed. As such the request for a translaminar cervical epidural injection under fluoroscopic guidance is non-certified.