

<b>Case Number:</b>	CM13-0048242		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/08/2010
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine & Rehabilitation, 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 50-year-old female who reported an injury on 06/08/2010 due to standing on a chair posting bulletin boards that caused a twisting and jerking injury to the neck and upper back. The patient's prior treatment history included physical therapy, a home exercise program, cognitive behavioral therapy, medications, and participation in an interdisciplinary program. The patient's most recent clinical evaluation revealed the patient had chronic pain complaints of the cervical spine with sensory deficits in the C5-6 dermatomes, and muscle spasming in the bilateral arms. The patient's diagnoses included degenerative cervical spondylosis, myofascial pain syndrome, and pain disorder with psychological component. The patient's treatment plan included an epidural steroid injection at the C6-7 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One cervical ESI (epidural steroid injection) at the levels of the left C6-C7: Upheld**

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

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

**Decision rationale:** The requested epidural steroid injection at the C6-7 level is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends epidural steroid injections with patients who have objective clinical findings of radicular symptoms 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 has radicular findings in the C6-7 dermatome that have failed to respond to conservative treatments. However, clinical documentation submitted for review failed to provide an imaging study to corroborate nerve root pathology. Therefore, a cervical epidural steroid injection would not be indicated at this time. The request for a cervical ESI at the levels of the left C6-C7 is not medically necessary or appropriate.