

<b>Case Number:</b>	CM13-0053973		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/11/2007
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 74-year-old male who reported an injury on 10/11/2007 when he was dragged about 5 feet from a golf cart, which reportedly caused injury to his cervical spine. Prior treatments included physical therapy, medications, activity modifications, and a home exercise program. The patient underwent an MRI in 09/2008 that revealed a 1 to 2 mm disc bulge at the C3-4 with moderate to severe right foraminal stenosis, a disc bulge at the C4-5 with moderate to severe neural foraminal stenosis, and multilevel disc degeneration. The patient's most recent clinical examination revealed restricted range of motion secondary to pain with positive facet loading on the right side and a positive Spurling's sign causing pain but no radicular symptoms. The patient's motor examination and sensory examination of the upper extremities were within normal limits. The patient's diagnoses included cervical pain, cervical strain, low back pain, and cervical facet syndrome. The patient's treatment plan included continuation of medications, a cervical epidural steroid injection, and continuation of physical therapy.

### 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 C6-C7:** 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 C6-C7 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommend epidural steroid injections for patients who have physical findings of radicular symptoms that are supported by an imaging study that have failed to respond to conservative treatments. The clinical documentation submitted for review does provide evidence that the patient has participated in physical therapy that has failed to control the patient's symptoms. However, the patient's physical findings do not support radicular symptoms. Additionally, the submitted cervical MRI did not provide any nerve root pathology to support any radicular complaints. As such, the requested cervical epidural steroid injection at C6-C7 is not medically necessary or appropriate.