

<b>Case Number:</b>	CM13-0054693		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; electrodiagnostic testing of January 3, 2013, notable for right-sided carpal tunnel syndrome without evidence of radiculopathy, cervical MRI imaging of October 11, 2013 notable for C6-C7 disk bulging with associated central canal and neuroforaminal narrowing; attorney representations; adjuvant medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of November 7, 2013, the claims administrator denied a request for cervical epidural steroid injection at C6-C7 with associated myelography epidurogram, and fluoroscopic guidance. The applicant's attorney subsequently appealed. A later note of November 18, 2013 is notable for comments that the applicant reports persistent neck pain radiating to the right shoulder and right hand. The applicant is off of work as his restrictions are not accommodated. The applicant is on Naprosyn, tramadol, Neurontin, and Protonix. Additional physical therapy is sought. A 10-pound lifting limitation is issued. It is stated that the attending provider is appealing the request for denial of the cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 cervical epidural steroid injection at the level of C6-C7 with myelography, epidurogram, insertion of cervical catheter, fluoroscopic guidance, and intravenous sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic cervical epidural steroid injections in the evaluation of suspected radiculopathy, as appears to be present here, in this case, however, the attending provider has coupled the request for a cervical epidural steroid injection to a Myelogram. While the MTUS Guidelines in ACOEM Chapter 8, Table 8-7 does score myelography of 4/4 in its ability to identify suspected anatomic defects, in this case, the request for myelography has been coupled to a cervical epidural steroid injection. It is unclear why two separate diagnostic procedures, namely an epidural steroid injection and a Myelogram, are being sought here. The request for 1 cervical epidural steroid injection at the level of C6-C7 with myelography, epidurogram, insertion of cervical catheter, fluoroscopic guidance, and intravenous sedation is not medically necessary and appropriate.