

<b>Case Number:</b>	CM13-0056881		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/22/2011
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 male who reported a work-related injury on 04/22/2011 due to lifting heavy objects. Cervical MRI dated 04/20/2012 revealed disc protrusion at C4-5 and C5-6 disc bulge and foraminal narrowing. An EMG/NCS dated 03/13/2012 revealed right-sided C5-6 radiculopathy. The patient underwent a translaminar epidural steroid injection at C7-T1 on 03/20/2013 and on 07/03/2013. A request has been made for 1 translaminar cervical epidural steroid injection at the C7-T1 level under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A translaminar cervical epidural steroid injection (ESI) at C7-T1 under fluoroscopy:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46.

**Decision rationale:** Per recent clinical documentation, objective findings included paravertebral muscle spasm and localized tenderness was present in the lower cervical and right supraclavicular region. There was a loss of normal lordotic curve of the cervical spine. Range of

motion of cervical spine was restricted and right shoulder impingement test was positive. There was diminished sensation to light touch along the medial and lateral border of right forearm. It was noted that the treatment plan included a translaminar cervical epidural steroid injection due to the patient previously had 80% pain relief for a few months with prior epidural steroid injections. Per physical exam of the patient, there were no clear cut findings of radiculopathy that would identify specific nerve compromise. The patient was not noted to have sensory or motor loss in a specific dermatome or myotome per guideline criteria for epidural steroid injections. There is no documentation of cord or nerve root compromise noted on the patient's cervical MRI at the C7-T1 level. In addition, there was no evidence given that the patient had recently failed conservative treatment to include exercise or physical therapy prior to the request for a cervical epidural steroid injection. California Medical Treatment Guidelines indicate criteria for the use of epidural steroid injections to include that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the patient must be initially unresponsive to conservative treatment. Given the above, the request for 1 translaminar cervical epidural steroid injection at the C7-T1 level under fluoroscopy is non-certified.