

<b>Case Number:</b>	CM13-0058950		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/03/2004
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 and 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 date of injury in this case is 01/03/2004. The date of initial utilization review was 10/29/2013. The treating diagnoses include cervical radiculopathy, lumbar stenosis, and lumbar radiculopathy. On 09/09/2013, the patient was seen in follow-up by a treating orthopedist regarding a flare of symptoms. The patient complained of both neck pain and also low back pain with bilateral lower extremity paresthasias. The patient required a cane for ambulation. The patient specifically presented with a flare of intractable neck pain. Past MRI imaging of the cervical spine included a CT myelogram of 02/19/2013 which showed predominantly mild multilevel degenerative disc and facet disease, particularly at C4-C5 and mild foraminal stenosis from C5 through C7. On physical examination, no specific neurological or cervical examination was documented. The treating provider indicated a plan to proceed with epidural injections. Epidural injection apparently is at level pending. On 10/17/2013, the treating orthopedist saw the patient in follow-up with ongoing intractable neck pain. No specific neurological physical examination was noted. The treatment plan addressed lumbar stenosis and addressed thoracic sprain, although it did not address cervical symptoms. An initial utilization review noted that the physical examination findings did not show a deficit consistent with radiculopathy and also noted that the provided stated that past cervical epidural injections benefited the patient but the provider did not provide details regarding the degree of pain reduction or specific functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) cervical epidural injection at C6-7 with sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** The Medical Treatment Utilization Schedule recommends epidural injections when a patient has symptoms, physical examination findings, and radiographic or electrodiagnostic evidence to support a radiculopathy. In this case, the symptoms, and particularly the radiographic findings, are those of generalized degenerative findings in the cervical spine but not findings of a specific radiculopathy at a particular nerve root level. The chief complaint is, in fact, neck pain rather than radicular symptoms. There is very limited neurological physical examination data available as well to substantiate the presence of a cervical radiculopathy. Additionally, the patient reportedly had a prior cervical epidural injection; however, the medical records do not contain documentation of substantial prior improvement in symptoms or function or reduction in pain medications from prior epidural injections. For these reasons, the requested treatment was not medically necessary.