

<b>Case Number:</b>	CM13-0061677		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular 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 expert 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 36 year old man who sustained a work related injury on March 7, 2013. Subsequently, he developed chronic neck pain. According to a note dated on Septmeber 16 2013, the patient was reported to complain of chronic neck pain with stiffness and reduced motion. His physical examination demonstrated cervical tenderess with reduced range of motion. There was a decreased sensation along C7 dermatoma on the left. The patient was diagnosed with cervical disc protrusion C67-7. His EMG/NCV was negative. His MRI of the C spine performed on 2013 demonstrated C5-6 disc bulging. The provider requested authorization for epidural injection after failure of conservative therapies.

### 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 the C6-C7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, 46,

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

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, the clinical, electrodiagnostic and MRI findings do not corroborate the diagnosis of C6-7 radiculopathy. The patient previous epidural injection offered limited relief. MTUS guidelines does not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for Cervical Epidural Steroid Injection at the C6-C7 is not medically necessary.