

<b>Case Number:</b>	CM13-0064735		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/01/2006
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 3-year-old male with a 7/1/06 date of injury. At the time (10/29/13) of request for authorization for a right Epidural Injection at C5-C6, there is documentation of subjective (continued neck pain with pain radiating to both upper extremities associated with numbness and tingling of the arm) and objective (painful range of motion of the cervical spine with pain radiating to the right C6 nerve root distribution, tenderness in the facet joints and shoulder girdle muscles are tight, weakness in muscle strength, and tenderness at the lateral epicondyle with painful range of flexion and extension) findings, current diagnoses (cervical disc disease and cervical radiculopathy), and treatment to date (physical therapy, activity modification, and medications). There is no specific documentation of objective radicular findings in the requested nerve root distribution and imaging findings at the requested level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A RIGHT EPIDURAL INJECTION AT C5-C6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution, radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of diagnoses of cervical disc disease and cervical radiculopathy. In addition, there is documentation of subjective (pain, numbness, and tingling) radicular findings in the requested nerve root distribution and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite non-specific documentation of objective findings (weakness in muscle strength), there is no specific (to a nerve root distribution) documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root. In addition, there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level. Therefore, based on guidelines and a review of the evidence, the request for a right Epidural Injection at C5-C6 is not medically necessary.