

<b>Case Number:</b>	CM13-0064979		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	03/27/2014	<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery, 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 patient is a 46-year-old male certified nursing assistant who developed severe neck and low back pain on 10/12/12, while repositioning patients. Conservative treatment has included chiropractic treatment, physical therapy, massage, home heat/ice, over-the-counter medication, and opioid pain medications. The 1/24/13 neurosurgical report documented MRI findings of degeneration and herniation at C5/6 and C6/7. The most significant degenerative change was reported at C6/7. There was effacement of the ventral surface of the spinal cord and bilateral foraminal stenosis. This was more pronounced on the left side where the left nerve root was displaced and apparently compressed. The C4/5 disc produced only minor narrowing of the lateral recesses. The 8/21/13 neurosurgical report cited increasing neck pain with associated hand numbness and intermittent fasciculation in the triceps. Exam findings documented upper extremity deep tendon reflexes 1+/2+ bilaterally, decreased left C7 dermatomal sensation, 4/5 left triceps weakness, and positive nerve tension signs. Records indicate that the patient has failed comprehensive conservative treatment. A request for C7/T1 interlaminar epidural steroid injection with fluoroscopic guidance was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C7-T1 Interlaminar ESI with fluoroscopic guidance:** Overturned

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

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

**Decision rationale:** The request under consideration is for a C7/T1 interlaminar epidural steroid injection with fluoroscopic guidance. The California MTUS guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging and/or electrodiagnostic testing. There is objective examination findings of clinical radiculopathy as corroborated by imaging studies at C6-7. It is within the purview of the treating provider to inject at the adjacent level in order to allow the medication to flow into the pathologic level. As guideline criteria were met, this request for a C7/T1 interlaminar epidural steroid injection with fluoroscopic guidance is medically necessary.