

<b>Case Number:</b>	CM13-0068287		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/10/2003
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Physical Medicine & 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 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's date of injury is April 10, 2013. Her primary diagnosis is a cervical postlaminectomy syndrome. The patient has a past history of a C5-6 fusion. On November 19, 2013, the patient's treating nurse practitioner saw the patient with a chief complaint of posterior neck pain radiating down the right arm. The patient was noted to have undergone a cervical epidural injection in July 2012 with a 90% reduction in pain and reduction in medications; the patient reported that her overall functioning increased to almost normal after the epidural injection and then it wore off. On examination, the patient had slight weakness in the right hand finger flexors. MRI data was reviewed from April 2009, which showed a C4-C5 disc osteophyte complex with possible mild cord effacement and also right greater than left foraminal narrowing at C6-C7. The patient was diagnosed with a cervical radiculopathy in the setting of C4-5 and C6-7 degenerative changes with foraminal narrowing. A cervical epidural injection was recommended at C4-5 and C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A CERVICAL EPIDURAL STEROID INJECTION AT THE C4-C5 AND C6-C7 LEVELS:** Overturned

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

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines, state that repeat blocks should be based on objective documentation of at least 50% pain relief with associated medication reduction for 6-8 weeks and associated functional improvement. The medical records in this case describe a profound degree of improvement including 90% improvement in pain and near normal resolution of function. The degree of improvement in the clinical notes is of a magnitude that appears to match the criteria in the treatment guidelines. Guidelines also state that radiculopathy should be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This patient has neurological symptoms, weakness on physical examination, and foraminal narrowing on MRI imaging, which together correlate to support the presence of cervical radiculopathy at the proposed levels. The guidelines support the requested epidural injection treatment. Therefore, this request is medically necessary.