

<b>Case Number:</b>	CM14-0001107		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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, 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:

This patient is a 54-year-old male with a 6/28/12 date of injury. At the time (11/15/13) of request for authorization for Cervical Transforaminal Epidural Steroid Injection, C6-7 W/ Fluoroscopy Bilateral X2, there is documentation of subjective (pain in the neck and left shoulder with radiation to the left arm) and objective (decreased sensation in the right C7 and C8 dermatomes of the upper extremities) findings, current diagnoses (cervical radiculitis and chronic pain syndrome), and treatment to date (activity modification and medications). 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 and failure of additional conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL CERVICAL TRANSFORAMINAL EPIDURAL STEROID INJECTION, C6-7 WITH FLUOROSCOPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS 2009, CHRONIC PAIN, PAGE 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) NECK & UPPER BACK CHAPTER

**Decision rationale:** The ACOEM Guidelines indicate cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The ODG identifies documentation of subjective and objective radicular findings in each of the requested nerve root distributions, imaging findings at each of the requested levels, and failure of conservative treatment as criteria necessary to support the medical necessity of cervical epidural injections. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis and chronic pain syndrome. In addition, there is documentation of subjective (pain) and objective (sensory changes) radicular findings in the requested nerve root distribution and failure of conservative treatment (activity modification and medications). However, there is no documentation in the medical records provided for review of imaging findings at the requested level or failure of additional conservative treatment. Therefore, the request is not medically necessary and appropriate.