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| <b>Case Number:</b>   | CM14-0002843 |                              |            |
| <b>Date Assigned:</b> | 01/29/2014   | <b>Date of Injury:</b>       | 04/26/2013 |
| <b>Decision Date:</b> | 06/27/2014   | <b>UR Denial Date:</b>       | 12/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/08/2014 |

### 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 Occupational 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 42-year-old female who has submitted a claim for right cervical radiculopathy, associated from an industrial injury date of 04/26/2013. Medical records from 04/29/2013 to 01/08/2014 were reviewed and showed that patient complained of neck and upper back pain, associated with headaches. Physical examination showed that Spurling's test was positive on the right. There was no tenderness, or limitation of range of motion. Motor testing for the external carpi radialis was 4/5, and the rest of the upper extremities was 5/5. Sensation was intact. MRI of the cervical spine revealed C6-7 right paracentral disc extrusion measuring 5mm AP, indenting the thecal sac; C5-6 uncovertebral osteophytosis and facet arthropathy with mild foraminal stenosis; 2mm or less annulus bulging at C4-5 and C5-6; absence of normal lordosis; and normal canal diameter and normal spinal cord. Treatment to date has included Flexeril, Tylenol XS, Biofreeze gel, physical therapy, and epidural steroid injection. Utilization review, dated 12/27/2013, denied the request for epidural steroid injection because of the lack of efficacy of the first injection, and there were no documented evidence of ongoing radicular pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT RIGHT C6-7 INTERLAMINAR EPIDURAL STEROID INJECTION:**  
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, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines §§9792.20-9792.26 Page(s): 46.

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. ESI can offer significant pain relief and use should be in conjunction with other rehab efforts, including a continuing home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief for at least 6 to 8 weeks, as well as associated reduction of medication use. In this case, patient complains of neck pain accompanied by radicular symptoms. On physical exam, Spurling's sign was positive on the right. MRI findings are consistent with radicular symptoms. However, in a progress report dated 09/04/2013, the patient reports no significant improvement with her first ESI. Therefore, all criteria for ESI have not been met. Therefore, the request for right C6-C7 interlaminar epidural steroid injection, is not medically necessary.