

<b>Case Number:</b>	CM14-0006329		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Physical Medicine & Rehabilitation and Pain Management and is licensed to practice in Texas and Ohio. 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 injured worker is a 65 year old male with an injury reported on 05/03/2010. The mechanism of injury was described as tonic posturing while working. The clinical note dated 12/12/2013, reported that the injured worker complained of neck pain that radiated from his neck down to both of his arms. The physical examination findings reported cervical flexion was limited to 25 degrees and extension was limited to 10 degrees. Spurling's maneuver caused pain to the injured worker in the muscles of the neck radiating to the upper extremity. The injured worker's prescribed medication list included naproxen, tramadol, and gabapentin. The MRI of the cervical spine dated 11/27/2013 revealed mild to moderate spondylitic changes C5-6 and C6-7. Disc bulge and bilateral neural foraminal disc protrusion and osteophyte complex in combination with facet joint and uncovertebral arthropathy C5-6 and C6-7 with bilateral neural foraminal narrowing. The injured worker's diagnoses included cervical radiculopathy, lumbar radiculopathy, low back pain, cervical pain, carpal tunnel syndrome, ulnar neuropathy. The request for authorization was submitted on 01/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EPIDURAL INJECTION C7 T1:** 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 Chronic Pain Treatment Guidelines  
EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

**Decision rationale:** The injured worker complained neck pain that radiated from his neck down to both of his arms. It was noted the injured worker's cervical flexion was limited to 25 degrees and extension was limited to 10 degrees. The injured worker's prescribed medication list included naproxen, tramadol, and gabapentin. Spurling's maneuver caused pain to the injured worker in the muscles of the neck radiating to upper extremity. The MRI of the cervical spine dated 11/27/2013 revealed mild to moderate spondylitic changes at C5-6 and C6-7, disc bulge and bilateral neural foraminal disc protrusion and osteophyte complex in combination with facet joint and uncovertebral arthropathy C5-6 and C6-7 with bilateral neural foraminal narrowing. The California MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, Non-Steroidal Anti-Inflammatory Drugs (NSAID) and muscle relaxants). A second block is not recommended if there is inadequate response to the first block. No more than one interlaminar level should be injected at one session. It was noted per the physical examination the injured worker expressed pain with spurling's maneuver; however, there is a lack of documentation of significant findings of radiculopathy. Within the clinical information provided it was unclear if the injured worker was unresponsive to conservative treatment. Therefore, the request is non-medically necessary and appropriate.