

<b>Case Number:</b>	CM14-0013249		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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 injured worker is a 54 year old female who reported an injury on 07/12/2012 due to a fall. The injured worker complained of chronic neck pain with bilateral upper extremity radiation and bilateral upper extremity pain. On physical examination dated 12/06/2013 spasms were noted bilaterally in the trapezius and paraspinous at the C2-C7 levels and tenderness noted in the trapezius and paravertebral area bilaterally at the C2-C7. Sensory examination showed decreased touch sensation in both upper extremities and with the C4-5, C5-6, and C6-7 dermatome affected. Motor strength examination was decreased in the extensor muscles and in the flexor muscles bilaterally, and the affected dermatome level was C4-5, C5-6, and C6-7. Deep tendon reflexes were decreased in the biceps bilaterally. On 02/08/2013 the MRI of the cervical spine revealed a 1-2mm posterior disc herniation/osteophyte at C3-4, and C4-5. There was a grade 1 retrolisthesis of C5 over C6. The injured worker had a diagnoses of chronic pain, cervical disc degeneration, myositis/myalgia, bilateral shoulder bursitis. The past treatment included electro-acupuncture, and diathermy. At least since 01/02/2014 the injured worker was on the following medications Motrin, metformin 500mg, omeprazole, bupropion XL 150mg, and trazodone 50mg. The current treatment plan was for bilateral C5-7 cervical epidural injection. The request for authorization form was dated 12/27/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL C5-7 CERVICAL EPIDURAL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines Epidural steroid injections (ESIs), page(s) 46.

**Decision rationale:** The request for a bilateral C5-7 cervical epidural injection is non-certified. The CA MTUS guidelines recommend epidural steroid injections for injured workers with radiculopathy documented on physical examination and corroborated on MRI. The guidelines also recommend that the injured worker be initially unresponsive to conservative care. The injured worker demonstrated objective findings consistent with radiculopathy; however, there is no documentation to support that the injured worker had adequate conservative treatment (exercises, physical therapy, NSAIDS, muscle relaxants) nor documentation the she had been unresponsive to said treatment. Given the above the request for a bilateral C5-7 cervical epidural injection is non-certified.