

<b>Case Number:</b>	CM14-0014838		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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:

This is a 45-year-old female with a 4/26/12 date of injury. She was seen on 1/30/14 with ongoing complaints of neck pain, 6-9/10, with radiation to the left upper extremity and associated numbness and tingling, in addition to left shoulder pain, 9/10. The patient was noted to be seen by her pain management specialist on 1/23/14 who noted that he needed to see the patient's MRI films prior to further treatment. Exam findings revealed spasm and decreased range of motion in the neck, otherwise no strength deficits were noted in the upper extremities. An objective sensory exam was not performed. A cervical epidural was requested. An MRI of the C spine for 9/14/12 revealed 1-2mm disc herniation's with partial narrowing of the thecal sac at C3/4, C4/5, C5/6, and C6/7. A C spine MRI dated 11/4/13 was noted to reveal multilevel disc narrowing, moderate to severe from C3-C7. (The official radiology reports were not available for review). Treatment to date: pain medications, chiropractic therapy. A UR decision dated 1/30/14 denied the request for unknown reasons.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EPIDURAL STEROID INFECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, Non-steroidal Anti-inflammatory Drugs (NSAIDs) and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. This patient complains of ongoing neck pain with radiation down the left arm after sustaining a motor vehicle accident in 2012. However, there are no objective findings of focal neurological deficits on exam in the documentation provided. There are no official MRI reports of the cervical spine available for review and no indication in the documentation provided that the patient has anatomic impingement. Therefore, the request for a cervical epidural, as submitted, was not medically necessary.