

<b>Case Number:</b>	CM14-0018522		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	05/18/2006
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 claimant was injured on 05/18/06. A C7-T11 cervical epidural injection is under review. A C7-T11 [sic] cervical epidural injection was denied on 01/30/14. On 01/16/14, she continued to complain of pain in her neck radiating to the right arm and she also had concurrent carpal tunnel syndrome and associated thoracic stabbing pain. She was status post radiofrequency ablation in July 2013. She was on multiple medications. Physical examination revealed diminished sensation in the deltoid and biceps on the right compared to the left. She had decreased reflexes but they were symmetric. Spurling's test was positive on the right but is not described. She had an antalgic gait and decreased range of motion of the cervical spine with tenderness. On 02/25/14, an MRI revealed a normal disc at C7-T1 with no facet joint arthrosis, central canal stenosis, or neural foraminal narrowing. There were multilevel degenerative changes involving the discs and facets with Anterolisthesis of C4 on C5. There was also mild central canal stenosis at several levels. No findings were noted at C7-T1. On 03/13/14, an MRI was reviewed and there was evidence of spondylolisthesis at C4-5 and degeneration at C5-6 and C6-7 with moderate stenosis at C4-5. She wanted to proceed with cervical fusion. A C4-C7 anterior cervical decompression and fusion was recommended. On 06/13/14, a provider's note indicated that her fusion was done from C4-C7 on 04/11/14. She described ongoing neck pain, right arm pain, and numbness and tingling down both arms. She had had more than 24 PT sessions of multiple chiropractic treatments and injections. None of these helped her pain. She was still using opioids. Physical examination revealed unobtainable biceps and triceps reflexes on the right. A limited range of motion with multiple trigger points and she also had hand intrinsic weakness bilaterally. Diagnosis was cervical radiculopathy on the right at C5 versus C6. A cervical spine fusion was pending. C4-C7 anterior cervical fusion was scheduled for 07/07/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **C7-T11 CERVICAL EPIDURAL INJECTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 79.

**Decision rationale:** The history and documentation do not objectively support the request for a cervical epidural steroid injection at level C7-T11. Of note, level C7-T11 does not exist. Presumably, the request is for level C7-T1. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)". There is no clear objective evidence of radiculopathy at any level on physical examination and no EMG has been reported in the records. There is no indication that the claimant has failed all other reasonable conservative care, including PT, or that this ESI was offered in an attempt to avoid surgery. There is no indication that the claimant has been instructed in home exercises and has been advised to continue a home exercise program in conjunction with injection therapy. The medical necessity of this request for a cervical ESI at level C7-T11 has not been clearly demonstrated therefore, this request is not medically necessary.