

<b>Case Number:</b>	CM14-0134770		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	09/29/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 48-year-old female was reportedly injured on September 29, 2013. The mechanism of injury is noted as lifting. The most recent progress note, dated July 18, 2014, indicates that there are ongoing complaints of neck pain radiating to the upper extremities. The physical examination demonstrated palpable trigger points along the head and neck with decreased cervical spine range of motion. There was a reduced tricep reflex bilaterally. Motor and sensory testing was normal. Diagnostic nerve conduction studies revealed a C8 radiculopathy. Previous treatment includes a right-sided ulnar nerve decompression. A request had been made for a cervical spine epidural steroid injection at C7 - T-1 and was not certified in the pre-authorization process on July 25, 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 with catheter under fluoroscopy and mac anesthesia times two (2): Upheld**

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

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical record there was a decreased tricep reflex bilaterally which is a C7 reflex. Nerve conduction studies revealed a C8 radiculopathy. Additionally there are no motor or sensory deficits. For these reasons and because this request is for two procedures where the efficacy of the first procedure should be determined prior to a second, this request for a cervical spine epidural steroid injection at C7 - T-1 with catheter under fluoroscopy and mac anesthesia times two is not medically necessary.