

<b>Case Number:</b>	CM14-0137032		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	07/07/2010
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 41-year-old male who has submitted a claim for cervical disc disease, cervical radiculopathy, closed head trauma, and traumatic temporomandibular joint injury associated with an industrial injury date of 7/7/2010. Medical records from 11/19/2013 up to 9/14/2014 were reviewed showing cervical spine pain 7/10 in severity. Pain is described as constant, tight, and sharp with radiations to the left shoulder down to the hand with numbness in the fingers. Physical examination revealed decreased sensation in the left C4, C5, and C6 dermatomes. MRI of cervical spine taken on 7/8/2014 revealed: 1-mm midline disc bulge at C4-C5, C5-C6, and C6-C7 with no central canal narrowing; mild endplate degenerative changes are noted most prominent at C5-C6; mild scoliotic curvature; and there is no cord compression. Treatment to date has included physical therapy, chiropractic care, rest, HEP, psychotherapy, and medications. Utilization review from 8/8/2014 denied the request for left C4-C5 transfacet epidural steroid injection and left C5-C6 transfacet epidural steroid injection. The available clinical information does not document corroboration of radiculopathy by imaging studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C4-C5 transfacet epidural steroid injection QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official

Disability Guidelines, Treatment in Workers Compensation, 5th Edition, 2007, Epidural steroid injection (ESI); Criteria for the use of Epidural steroid injections, therapeutic.

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

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the patient does exhibit radicular pains as seen in his history and physical examination. However, MRI of cervical spine taken on 7/8/2014 revealed: 1-mm midline disc bulge at C4-C5, C5-C6, and C6-C7 with no central canal narrowing; mild endplate degenerative changes are noted most prominent at C5-C6; mild scoliotic curvature; and there is no cord compression. His radiculopathy is documented by history and physical examination but not corroborated by imaging studies and/or electrodiagnostic testing. Therefore the request for left C4-C5 transfacet epidural steroid injection is not medically necessary.

**Left C5-C6 transfacet epidural steroid injection QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): page 175. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 5th Edition, 2007, Epidural steroid injection (ESI); Criteria for the use of Epidural steroid injections, therapeutic.

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

**Decision rationale:** As stated on page 46 of California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the patient does exhibit radicular pains as seen in his history and physical examination. However, MRI of cervical spine taken on 7/8/2014 revealed: 1-mm midline disc bulge at C4-C5, C5-C6, and C6-C7 with no central canal narrowing; mild endplate degenerative changes are noted most prominent at C5-C6; mild scoliotic curvature; and there is no cord compression. His radiculopathy is documented by history and physical examination but not corroborated by imaging studies and/or electrodiagnostic testing. Therefore the request for left C5-C6 transfacet epidural steroid injection is not medically necessary.