

<b>Case Number:</b>	CM14-0150552		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 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:

According to the records made available for review, this is a 56-year-old female with an 11/1/10 date of injury. At the time (7/16/14) of the request for authorization for bilateral C5-C6 and right C6-C7 tranfacet epidural steroid injection x 1, there is documentation of subjective (pain in the neck traveling to the bilateral shoulders to the arms with cramping and weakness of the bilateral hands) and objective (moderate tenderness to palpation with muscle spasm noted over the paravertebral musculature and right trapezius muscle, axial head compression and Spurling sign are positive bilaterally, facet tenderness to palpation over the C6 to C7 levels, sensation is decreased in the right C6 and C7 dermatomes and left C6 dermatome) findings. Imaging findings from the 7/16/14 medical report's MRI revealed at C5-6 a two-millimeter biforaminal spondylotic protrusion with abutment of the exiting cervical nerve roots bilaterally. At C6-7 there was a broad right paracentral foraminal disc protrusion measuring three millimeters resulting in mild central canal narrowing, as well as abutment of the exiting right cervical nerve root and narrowing of the right neural foramen (imaging report not available for review). The current diagnoses include cervical disc disease, cervical radiculopathy, cervical facet syndrome, and status post right shoulder arthropathy. The treatment to date includes medication, physical therapy, and acupuncture. There is no documentation of an imaging report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C5-C6 and Right C6-C7 Tranfacet Epidural Steroid Injection x 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines for epidural steroid injections (ESIs), therapeutic

**MAXIMUS 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 (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs)

**Decision rationale:** The MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of diagnoses of cervical disc disease, cervical radiculopathy, cervical facet syndrome, and status post right shoulder arthropathy. In addition, there is documentation of subjective (pain) and objective (sensory changes) radicular findings in each of the requested nerve root distributions and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite the 7/16/14 medical report's reported imaging findings (MRI revealed at C5-6 a two-millimeter biforaminal spondylotic protrusion with abutment of the exiting cervical nerve roots bilaterally. At C6-7 there was a broad right paracentral foraminal disc protrusion measuring three millimeters resulting in mild central canal narrowing, as well as abutment of the exiting right cervical nerve root and narrowing of the right neural foramen), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for bilateral C5-C6 and right C6-C7 tranfacet epidural steroid injection x 1 is not medically necessary.