

<b>Case Number:</b>	CM14-0167700		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 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 39-year-old male with a 3/4/14 date of injury. At the time (9/18/14) of the Decision for 1 pain management consultation in consideration of cervical spine TESI, there is documentation of subjective (continued and worsening cervical spine pain with radiation to the right greater than left upper extremity, pain rated 3-4/10) and objective (tenderness to palpation of the upper trapezius and levator with spasm, guarding, decreased range of motion, positive Spurling bilaterally, decreased sensation along the bilateral C4-5 dermatomes distally on the right greater than left) findings, current diagnoses (cervical-trapezial sprain/strain, 1-2 mm disc protrusion at C4-7 and stenosis at the right C3-5), and treatment to date (medications and activity modification). There is no documentation of the requested nerve root level(s) to be addressed, subjective and objective radicular findings in the requested nerve root distribution(s), imaging findings at the requested level(s), and failure of additional conservative treatment (physical modalities).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 pain management consultation in consideration of cervical spine TESI.: Upheld**

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

**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:** 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. 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-trapezial sprain/strain, 1-2 mm disc protrusion at C4-7 and stenosis at the right C3-5. In addition, there is documentation of failure of conservative treatment (activity modification, and medications). However, given that there is no documentation of the requested nerve root level(s) to be addressed, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in what would be the requested nerve root distribution(s), 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 what would be the requested level(s). In addition, there is no documentation of failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for 1 pain management consultation in consideration of cervical spine TESI is not medically necessary.