

<b>Case Number:</b>	CM14-0171026		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 56 years old male with an injury date on 12/17/2012. Based on the 10/03/2014 progress report provided by [REDACTED], the diagnoses are: 1. Central/paracentral disc protrusion at C4-C5 and bulge at C5-C6 bilateral neuroforaminal narrowing (MRI confirmed). 2. Left sided C5-C6 radiculopathy (EMG confirmed). 3. Chronic myofascial pain syndrome. According to this report, the patient complains of "severe constant neck pain shooting down left upper extremity and occasionally in the right side with tingling, numbness and paresthesia." Pain is rates as a 7-8/10. Bending, turning, and extending would aggravate the pain. Physical exam reveals paravertebral muscle spasm and localized tenderness at the lower cervical and left supraclavicular region. Range of motion is restricted. Diminished sensation to light touch is noted along medial and lateral border of left forearm. Manual motor strength is 4/5 in left upper extremity. Spurling's maneuver is positive on the left. MRI of the cervical spine on 02/07/2013 reveals a mildly narrowed with a broad central/paracentral bilobed 2mm disc protrusion at C4-C5. The central canal is lower limits of normal in size with AP dimension in the midline measuring 7mm; and normal disc height with 1mm circumferential disc bulge at C5-C6. There were no other significant findings noted on this report. The utilization review denied the request on 10/07/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/27/2013 to 10/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Translaminar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

**Decision rationale:** According to the 10/03/2014 report by [REDACTED] this patient presents with "severe constant neck pain shooting down left upper extremity and occasionally in the right side with tingling, numbness and paresthesia." The treater is requesting "translaminar cervical epidural steroid injection." Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of reports do not mention prior epidural steroid injections. This patient presents with left upper extremity symptoms described in dermatomal distribution with positive Spurling and diminished motor strength. However, MRI only shows 1-2mm disc bulges at C4-5 and C5-6. Bulging discs are normal findings and unlikely the source of the patient's radicular symptoms. MTUS further states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The request is not medically necessary.