

<b>Case Number:</b>	CM14-0177250		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	02/06/2014
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Occupational Medicine 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:

Patient is a 52 year-old female with date of injury 02/06/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/07/2014, lists subjective complaints as neck pain with radicular symptoms down both arms. MRI of the cervical spine (no date provided) was notable for disc protrusions, right paracentral, at the C3-4 level and C4-5 level with foraminal stenosis on the right side at C4-5. There was also a disc protrusion at the C5-6 level without foraminal stenosis. Objective findings: Examination of the cervical spine revealed tenderness to palpation over the paravertebral muscles. Cervical compression test was positive on the right side reproducing radicular pain. Motor examination was intact. Sensory examination revealed decreased sensation over the right C6 distribution as compared to the left. Reflexes were equal and symmetric. Diagnosis: 1) Multiple level cervical disc protrusions including C3-4, C4-5, and C5-6 levels 2) Right C4-5 foraminal stenosis 3) Persistent Cervicalgia with right cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural Injection C4-C5 under fluoroscopic guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**Decision rationale:** The MTUS states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. There is no documentation of pending surgery. Cervical epidural Injection C4-C5 under fluoroscopic guidance is not medically necessary.