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| <b>Case Number:</b>   | CM14-0020393 |                              |            |
| <b>Date Assigned:</b> | 04/25/2014   | <b>Date of Injury:</b>       | 02/11/2011 |
| <b>Decision Date:</b> | 07/09/2014   | <b>UR Denial Date:</b>       | 01/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/18/2014 |

### 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 Neurology, has a subspecialty in Neuromuscular 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:

The patient is a 59-year-old who sustained a work-related injury on February 11, 2012. The he subsequently developed that chronic neck pain. The patient was treated initially conservatively with pain medication and physical therapy. The patient subsequently underwent cervical discectomy and fusion on July 18, 2011 followed by 10 sessions of physical therapy. The MRI of the December 27, 2011 demonstrated cervical fusion at the level of C5-C6 with mild foraminal stenosis, mild facet arthrosis at C6-C7. According to a progress note dated on January 15, 2014, the patient was complaining of neck pain radiating to the right arm. The patient pain intensity was at the level of 9/10 and 7/10 in the arm. His physical examination demonstrated cervical tenderness with reduced range of motion. The is on examination showed normal strength in both upper extremities. The patient's sensation was intact. According to another note dated on March 13, 2014, the patient was complaining of neck pain radiating to the right arm with right deltoid weakness. The patient's MRI of the cervical spine performed on January 9, 2014, demonstrated diffuse disc osteophyte complex from C3-C7 without clear evidence supporting radiculopathy. The patient's current medication was tramadol and Soma. He patient also treatment was not clear. The provider requested authorization for cervical epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL INTERLAMINAR EPIDURAL INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** According to the and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, 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. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. The patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. There is no clinical findings corroborated by EMG (electromyography) and MRI of the cervical spine evidence to support the diagnosis of radiculopathy. The and Upper Back Complaints Chapter of the ACOEM Practice Guidelines does not recommend epidural injections for neck pain without radiculopathy. The request for a cervical interlaminar injection is not medically necessary or appropriate.