

<b>Case Number:</b>	CM14-0020761		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	07/24/2009
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Tennessee. 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:

This is a 55-year-old female patient with a 7/24/09 date of injury. The 4/17/14 progress report indicates persistent low back pain radiating to the right lower extremity, neck pain radiating to the right upper extremity. Physical exam demonstrates cervical tenderness, positive facet loading test, positive Spurling's test on the right, there is decreased sensation in the right C4-5, C6-7, and C8 dermatomes. There is shoulder adduction weakness on the right and elbow flexion, wrist extension, elbow extension weakness on the right. Grip strength is weak on the right. 12/11/14 electromyogram demonstrates no electrodiagnostic evidence of cervical radiculopathy or severe peripheral neuropathy. 12/16/13 cervical MRI demonstrate, at C5-6, a 4-mm downward extrusion, resulting in minimal compromise of the AP sagittal diameter of the cervical canal; neural foramina appear patent; and, at C6-7, patent neural foramina. Treatment to date has included medication, activity modification. There is documentation of a previous 1/24/14 adverse determination for undocumented reasons.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 CERVICAL EPIDURAL STEROID INJECTION AT THE LEVEL OF C5-C6 AND C6-C7 UNDER FLUOROSCOPIC GUIDANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. However, the neural foramina at the proposed levels are patent on recent cervical MRI. In addition, electrodiagnostic testing was negative for cervical radiculopathies. Therefore, the request for 1 Cervical Epidural Steroid Injection at the level of C5-C6 and C6-C7 under Fluoroscopic Guidance is not medically necessary.