

<b>Case Number:</b>	CM14-0026295		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 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 49 year old male who was injured on 05/27/2009 as a result of cumulative trauma injury of his repetitive work. Prior treatment history has included Diclofenac and Tramadol ER since 11/12/2013. The diagnostic studies that were reviewed included a cervical spine MRI which revealed multilevel disc herniation and neural foraminal stenosis with degenerative disc disease. A progress report dated 01/15/2014 documented that the patient has pain in his neck with radiculopathy. The patient reports radicular symptoms/paresthesias into the left hand with a feeling of cold and tingling sensation. Objective findings on exam include positive tenderness over the paracervical musculature with positive muscle spasm and diminished sensation at C6 and C8 on the left side and diffuse on the right. The cervical spine range of motion was within normal limits. Reflexes were 2+ on all muscle groups of upper extremity. The diagnoses include cervical strain and degenerative disc disease of cervical spine with multilevel disc herniation and radiculitis of left upper extremity. The treatment plan includes a request authorization of series of cervical epidural injection at C7-T1 left side and a request authorization of acupuncture and deep tissue massage 3 x 6 weeks. The utilization report dated 01/31/2014 states the request for cervical epidural steroid injection at C7-T1 was not certified as the objective findings do not correlate with the submitted MRI studies on 04/27/2010.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EPIDURAL STEROID INJECTION (ESI) X2 AT C7-T1: Upheld**

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

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

**Decision rationale:** According to the CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The medical records document the patient was diagnosed with cervical strain, degenerative disc disease of cervical spine with multi-level disc herniations, and radiculitis of left upper extremity. The patient had improvement of pain control and function with acupuncture and physical therapy as documented in the progress report dated 06/04/2014. As the patient is responding well with the conservative treatment including physical therapy and acupuncture, the medical necessity for ESI has not been established. The request is not medically necessary at this time according to the guidelines.