

<b>Case Number:</b>	CM14-0036910		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 and 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 injured worker is a 42-year-old female who reported an injury on 09/05/2013. The mechanism of injury involved heavy lifting. Current diagnoses include cervical disc displacement with radiculopathy, cervical radiculopathy, cervical spine sprain, thoracic degenerative disc disease, thoracic spine sprain, hip sprain, anxiety, depression, and stress. The injured worker was evaluated on 02/04/2014 with complaints of constant neck pain rated 7/10. Physical examination of the cervical spine revealed tenderness to palpation with myospasm, positive Spurling's maneuver bilaterally, diminished range of motion, and decreased sensation in the left C4, C5, and C6 dermatomes. Treatment recommendations at that time included a cervical epidural steroid injection at C3-4. It is noted that the injured worker underwent a cervical spine MRI on 12/12/2013, which indicated mild diffuse disc herniation at C3-4 without any evidence of neural foraminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection Left C3, C4, under fluoroscopy. with IV sedation.:**  
Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. As per the documentation submitted, there was no evidence of neural foraminal narrowing or nerve root involvement at C3-4 upon imaging study. Therefore, the injured worker does not currently meet criteria for the requested procedure. As such, the request for Cervical Epidural Steroid Injection Left C3, C4, under fluoroscopy. with IV sedation is not medically necessary.