

<b>Case Number:</b>	CM14-0038132		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Medicine and is licensed to practice in Florida. 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 54-year-old male who reported injury on 01/28/2013. The mechanism of injury was cumulative trauma. Prior treatment included physical therapy. The injured worker underwent an EMG and NCV on 04/11/2014 which revealed the injured worker had evidence of a C6 and/or C7 radiculopathy on the left. Prior treatments included drug therapy, activity modification and physical therapy. The documentation of 02/04/2014 revealed the injured worker had pain medication for chronic neck pain and low back pain with radiation to the bilateral feet. The pain was noted to be accompanied by numbness frequently in the bilateral lower extremities to the level of the feet and it was noted to be aggravated by sitting and standing. Documentation indicated the injured worker had vertebral tenderness at C5-7 cervical spine. There was tenderness in the bilateral occipital area upon palpation. The range of motion of the cervical spine was moderately limited due to pain. The sensory examination revealed the injured worker's sensation was intact to touch and pinprick in the bilateral upper extremities. Pain was significantly increased with flexion, extension and rotation. The documentation indicated the injured worker underwent an MRI of the cervical spine on 04/25/2013 which revealed, at the level of C3-4, there was central focal disc protrusion indenting the spinal cord producing spinal cord narrowing. There was left greater than right neural foraminal narrowing. At the level of C4-5 there was a broad based disc protrusion that abutted the spinal cord producing spinal canal narrowing. There was bilateral neural foraminal narrowing. The diagnoses included cervical facet arthropathy and cervical radiculopathy. The treatment plan included physical therapy 1 to 2 times a week for 4 weeks. The subsequent documentation of 04/01/2014 revealed the injured worker had neck pain that did not radiate into the upper extremities. Documentation indicated the injured worker had a sensory examination showing

decreased sensation bilaterally at the affected dermatome of C4-5. The treatment plan included a cervical epidural steroid injection bilaterally at C4-5.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cervical epidural steroid injection at the C3-C5 levels:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injection when there is documentation of objective findings of radiculopathy that are corroborated by imaging studies or electrodiagnostics and that are initially unresponsive to conservative care. The clinical documentation submitted for review indicated the injured worker had objective findings at the level of C4-5. There was a lack of documentation of corroboration at the level of C3-5 with electrodiagnostic studies. There was documentation the injured worker had failed conservative treatment. Additionally, the request as submitted failed to indicate the laterality for the requested procedure. Given the above, the request for cervical epidural steroid injection at the C3-C5 levels is not medically necessary.