

<b>Case Number:</b>	CM14-0039577		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/20/1999
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Nevada. 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 records, presented for review, indicate that this 49-year-old female was reportedly injured on January 20, 1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 9, 2014, indicated that there were ongoing complaints of left sided neck pain and low back pain radiating to the bilateral upper and lower extremities, as well as knee pain on the left worse than the right side. The current medications include Dilaudid, Percocet, Zofran, Zomig, Soma, Valium, and Climara patches. The physical examination demonstrated diffuse tenderness along the cervical spine, trapezius and the interscapula area. There was decreased cervical spine range of motion. The physical examination of the lumbar spine also noted diffuse tenderness extending to the bilateral SI joints. There were decreased lumbar spine range of motion and a positive bilateral straight leg raise test. Lower extremity neurological examination noted decreased sensation at the left side posterior leg, calf and heel. Diagnostic imaging studies showed a solid bony fusion at C5-C6 and degenerative changes at C6-C7 with minimal spinal stenosis and bilateral foraminal stenosis. Previous treatment included a cervical epidural steroid injection. A request had been made for a cervical spine epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection C5-6, C6-7 as an outpatient.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of recommendations, Cervical and Thoracic Spine Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), page 46 of 127 Page(s): 46 OF 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the criteria for epidural steroid injections include that a radiculopathy must be present by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The recent CT scan and MRIs of the cervical spine did not show any evidence of spinal column or nerve root involvement. Considering this, the request for a cervical epidural steroid injection at C5-C6 and C6-C7 is not medically necessary.