

<b>Case Number:</b>	CM14-0040578		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/28/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 51 year old male who sustained an injury to the neck on 12/28/12. Mechanism of injury was not documented. Magnetic resonance imaging (MRI) of the cervical spine revealed at C5-6 there was a 3mm left sided disc protrusion extending into the proximal aspect of the left nerve root foramen; there appeared to be encroachment on the exiting left C6 nerve root and on spinal cord; C6-7, 2mm central disc bulge encroaching on the thecal sac and anterior aspect of the spinal cord; degenerative bone and disc changes. Physical examination noted cervical range of motion intact; tenderness within the paraspinal musculature and the parascapular region; sensation intact in bilateral upper extremities; tenderness over common extensor origin and lateral epicondyle on the left; pain with resisted digital extension. The injured worker was diagnosed with C6 radiculopathy, left shoulder impingement, and left lateral epicondylitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical diagnostic/therapeutic transforaminal epidural injection left C5 and C6:** 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:** The request for cervical diagnostic/therapeutic transforaminal epidural steroid injection at left C5-6 is not medically necessary. The previous request was denied on the basis that the clinical documentation submitted for review did not provide physical examination evidence of radiculopathy that was corroborated by imaging studies or electrodiagnostic studies. Furthermore, this would be a repeat injection. There was no documented evidence of objective functional improvement for at least six to eight weeks. The Chronic Pain Medical Treatment Guidelines states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. These specifics have not been documented. Given this, the request for cervical diagnostic/therapeutic transforaminal epidural steroid injection at left C5-6 is not indicated as medically necessary.