

<b>Case Number:</b>	CM14-0046003		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/19/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Management 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:

This is a female patient with the date of injury of January 19, 2013. A Utilization Review was performed on April 2, 2014 and recommended modification of injection - steroid bilateral C5-C6 and C6-C7 transfacet epidural steroid injection times two to injection - steroid one set of bilateral C5-6 and C6-7 epidural steroid injections. A Pain Management Consultation Report dated February 27, 2014 identifies Chief Complaint of pinching pain in the neck that radiates to the bilateral shoulders and hand. Physical Examination identifies moderate tenderness and spasm over the cervical paraspinal muscles extending to both trapezii. Axial head compression is positive bilaterally. Spurling sign is positive bilaterally. There is facet tenderness at the levels of C4 through T1. Decreased cervical range of motion. Decreased sensation in the C6-C7 dermatomes bilaterally and in the left C8 dermatome. Elbow extensors, wrist flexors, and wrist extensors strength is 4/5 on the left. Brachioradialis and triceps reflexes are decreased on the left. Assessment identifies cervical disc disease and cervical radiculopathy. Treatment recommendations identify request authorization for bilateral C5-C6 and C6-C7 transfacet epidural steroid injections x2. An MRI of the cervical spine report dated March 6, 2013 identifies at C5-6 a 4-5 mm disc bulge and osteophyte with left greater than right foraminal narrowing. At C6-7 there is a 4 mm disc bulge and osteophyte with cord compression and foraminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection - Steroid one set of bilateral C5-6 and C6-7 epidural steroid injections. Qty: 2:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and 46 of 127 Epidural steroid injections (ESIs) Page(s): 46 of 127.

**Decision rationale:** Regarding the request for Injection - Steroid one set of bilateral C5-6 and C6-7 epidural steroid injections. Qty: Two, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there is note of radicular pain and radiculopathy documented by physical examination and corroborated by imaging studies. However, the current request is for 2 injections and guidelines do not recommend performing a series of injections or repeating injections unless there is documentation of an adequate response to the first injection. Unfortunately, there is no provision to modify the request. As such, the currently requested Injection - Steroid one set of bilateral C5-6 and C6-7 epidural steroid injections. Qty: 2 is not medically necessary.