

<b>Case Number:</b>	CM14-0048366		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/30/2009
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 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 sustained an injury to her low back on 09/30/09 due to cumulative trauma while performing her usual and customary work duties. Electrodiagnostic studies, (EMG/NCS), of right upper extremity was unremarkable. An MRI of the cervical spine revealed broad based disc bulging at C5-6 with associated mild to moderate right neural foraminal narrowing and mild central stenosis. The records indicate that the injured worker's treatment was interrupted due to pregnancy. The injured worker subsequently gave birth on 02/09/13 and resumed medical treatment. Physical examination noted tenderness, spasm, and decreased range of motion in the cervical spine. It was reported that the injured worker completed at least six physical therapy visits; however, it was unclear if the injured worker completed any physical therapy for neck complaints. The injured worker was diagnosed with a neck sprain/strain and continued to have chronic neck pain radiating into the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection Right C5-C6, Quantity: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

**Decision rationale:** The request for cervical epidural steroid injection at right C5-6 times one is not medically necessary. The previous request was not granted on the basis that the injured worker's subjective sensory complaints were not consistent with the C5-6 dermatome. Weak grip denotes a C8 nerve root. Left sided complaints are not related to a right sided C5-6 radiculopathy. The Chronic Pain Medical Treatment Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given this, the request for cervical epidural steroid injection at right C5-6 times one is not indicated as medically necessary.