

<b>Case Number:</b>	CM14-0060971		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/01/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. . 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 32-year-old male who reported an injury on 10/01/2010 due to using his hands to pack food, operate machine and would use palates. The injured worker's diagnoses were cervical IVD displacement without myelopathy, left C5 radiculopathy, lumbar IVD displacement without myelopathy, and L5 radiculopathy on the left. The injured worker's prior treatment was chiropractic therapy, cortisone shots to the neck, epidural injections to C5-C7, physical therapy, lumbar epidural injection, and medication therapy. Prior diagnostic studies include MRI of the lumbar spine and an MRI of the cervical spine performed on 02/24/2014 which revealed a 2-3mm right intra-foraminal disc herniation at C4-C5 which caused mild right C4-C5 neural foraminal stenosis as well as a 2mm broad based posterior disc protrusion at C5-C6 and C6-C7 which caused indentation and impingement on the anterior thecal sac at the C5-C6 and C6-C7 interspaces. An EMG/NCV was also referenced in the clinical submitted which reportedly revealed C5 radiculopathy; however, the official report was not submitted for review. The injured worker complained of neck pain and described it as throbbing and needles and numbness pain radiating to the right upper extremity, and the pain was rated at 4/10. On the examination dated 04/01/2014, examination findings were decreased range of motion, loss of sensation in the C5 nerve distribution on the left, positive cervical compression on the left, and positive maximum foraminal compression. The Request for Authorization Form dated 04/15/2014 was submitted with the documentation provided for review. The rationale for the request was to address the injured worker's symptoms of radiculopathy that have been corroborated by imaging and electrodiagnostic studies as they had failed to improve with conservative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for the use of Epidural steroid injections, therapeutic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections page Page(s): 46.

**Decision rationale:** The request for cervical epidural steroid injection is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections for injured workers with radiculopathy documented on physical examination and corroborated on an MRI and/or electrodiagnostic studies. The guidelines also recommend that injured workers be initially unresponsive to conservative care. The injured worker complained of neck pain that was described as throbbing, needle, and numbness pain radiating to the right upper extremity, and the pain was rated at 4/10. There is documentation on the most recent physical findings of objective radiculopathy that is corroborated by imaging. The clinical information provided did indicate the injured worker had failed conservative care. While a cervical epidural steroid injection would be supported, the request as submitted did not indicate the level at which the injection would be performed. As such, the request is not medically necessary.