

<b>Case Number:</b>	CM14-0064828		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/14/1998
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 59-year-old male was reportedly injured on June 14, 1998. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 9, 2014, indicated that there were ongoing complaints of neck pain radiating to the right shoulder. The physical examination demonstrated full cervical spine range of motion, positive Spurling's test on the right side greater than the left side, normal upper extremity and lower extremity neurological examination. Examination of the lumbar spine noted an antalgic gait, no lumbar spine tenderness and full lumbar spine range of motion with pain. Diagnostic imaging studies reported severe multilevel degenerative disc disease and osteophyte complexes at multiple levels of the cervical spine. X-ray of the lumbar spine showed multilevel degenerative disc disease and osteophyte complexes. Magnetic resonance imaging MRI of the cervical spine showed multilevel degenerative spondylosis with varying degrees of central canal and/or neural foraminal stenosis. A trial of epidural steroid injections was recommended from the C4 to the C7 level. A request was made for a cervical epidural steroid injection from C4 through C7 and was not certified in the pre-authorization process on April 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection At C4-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck & Upper Back Procedure Summary.

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

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the criteria for the use of epidural steroid injections includes the presence of radiculopathy documented by physical examination and corroborated by imaging and/or electrodiagnostic studies. According to the most recent progress note, dated April 9, 2014, not only is there normal neurological examination, but there are no signs of nerve root involvement on the cervical spine magnetic resonance imaging (MRI). Furthermore, it is recommended that no more than two nerve root levels be injected at the same time, and this request is for three levels. For these multiple reasons, this request for a cervical spine epidural steroid injection from C4 to C7 is not medically necessary.