

<b>Case Number:</b>	CM14-0066052		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care 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 with a reported date of injury on September 27, 2012. The mechanism of injury is described as a motor vehicle accident, where the injured worker was standing near the passenger side of a sweeper truck waiting for it to be refilled with water, another vehicle collided with the sweeper truck, pushing it forward and to the right. The impact pushed the injured worker causing him to land on his back on the ground. He hit his head, neck, and entire back and legs against the asphalt. He was rushed to a local hospital by ambulance where he received a tetanus shot and wound care. The injured worker was placed off work for two days. Treatment has included diagnostic studies, physical therapy, and injections. The injections provided moderate relief. The neurological exam was normal according to the initial primary treating physician's initial comprehensive report. Orthopaedic Surgeon and QME reported findings on MRI done 07/31/12 of the C6-7 spine, mild to moderate degree of central stenosis secondary to a 3mm broad based posterior disc endplate osteophyte complex causing pressure over the anterior aspect of the thecal sac with mild pressure over the anterior aspect of the cervical cord. The injured worker complains of neck pain with radiculopathy. This orthopaedic surgeon recommended cervical ESI as the injured worker had failed conservative treatment. May 01, 2014 a prior utilization review determination resulted in denial of a Cervical Epidural Steroid Injection for C6-C7 Spine, procedure code 62310.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection for C6-C7 Spine 62310: 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 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Epidural Steroid injection

**Decision rationale:** The request for ESI to the cervical spine is not supported by documentation of any objective evidence of radiculopathy. Both CAMTUS and ODG require objective evidence of radiculopathy with sensory or motor loss or decreased DTR or electrodiagnostic testing revealing radiculopathy. The most recent physical exam of 12/13/13 by [REDACTED] does not document any cervical sensory or motor losses. Previous Comprehensive Neurologic physical exam and electrodiagnostic testing on 10/13/13 by [REDACTED] was a normal exam with NO electrodiagnostic findings of any radiculopathy. The requested ESI is not medically necessary nor does the request meet CAMTUS and ODG criteria for ESI. Therefore the request remains not medically necessary.