

<b>Case Number:</b>	CM14-0071701		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/20/2004
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 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:

According to the records made available for review, this is a 68-year-old male with a 1/20/04 date of injury. At the time of request for authorization for cervical epidural injection at C6-7, there is documentation of subjective findings of ongoing neck pain with stiffness radiating to the shoulders, upper/mid back and upper extremities with numbness and tingling and objective findings of tenderness to palpation over the cervical paravertebral musculature with spasms, decreased cervical range of motion, and decreased sensation over the C6 dermatome. The imaging findings include MRI of the cervical spine (5/23/12) revealed cervical canal stenosis at C3-C4, C4-C5 and C5-C6 with multiple posterior osteophyte disc complex; report not available for review. The current diagnosis is intractable cervical pain with radicular pain. The treatment to date includes medication, physical therapy, and activity modification. There is no documentation of an imaging report with findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cervical epidural injection at C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute LLC, Corpus Christi Section: Neck & Upper Back (Acute & Chronic)

Clinical evidence: BMJ Publishing Group LTD, London England, Section: Musculoskeletal Disorders: Conditions: Neck pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

**Decision rationale:** MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of a diagnosis of intractable cervical pain with radicular pain. In addition, there is documentation of subjective (pain, numbness, and tingling) and objective (sensory changes) radicular findings in the requested nerve root distribution, and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite documentation of 2/10/14 medical report's reported imaging findings (MRI of the cervical spine identifying cervical canal stenosis at C3-C4, C4-C5 and C5-C6 with multiple posterior osteophyte disc complex), there is no documentation of an imaging report with findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level. Therefore, based on guidelines and a review of the evidence, the request for cervical epidural injection at C6-7 is not medically necessary.