

<b>Case Number:</b>	CM14-0074481		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 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 patient is a 56 year old male with an injury date of 08/19/11. Based on the 03/11/14 progress report by [REDACTED] the patient complains of constant dull aching discomfort/pain to the C7-T1 region into the posterior right shoulder to the right triceps, over the anterior deltoid and down through the right lateral forearm into the fourth and fifth fingers. He also has a dull aching right sided interscapular pain associated with T5-6 disc protrusion. The following diagnoses are given: 1. Right cervicalgia, status post C5-6, and C6-7 Anterior Cervical Discectomy and Fusion (ACDF) 08/22/12. 2. Chronic C7 radiculopathy. According to report by [REDACTED] trigger point injections were performed on 01/21/14 which provided some relief. EMG/Nerve conduction studies were performed on 11/07/13 reporting "membrane instability at the C7 level, on the right." MRI findings from 10/04/13: C6-C7: No significant central canal narrowing. Mild left C6 neural foraminal narrowing. [REDACTED] is requesting Cervical Epidural Steroid Injection to right C6-7. The utilization review determination being challenged is dated 05/19/14. The rationale is that there is limited evidence of radiculopathy or deficits in the requested nerve root distribution and MRI findings are on the contralateral side, and therefore do not corroborate, not meeting guideline criteria. [REDACTED] is the requesting provider, and he provided treatment reports from 08/14/13 - 04/29/14.

### 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 C6-7: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

**Decision rationale:** The patient presents with chronic right sided neck pain, right arm pain and is status post C5-6 and C6-7 ACDF 08/22/12. Per treating physician's report 3/11/14, the patient has chronic C7 radiculopathy. The request is for right C6-7 transforaminal ESI. MRI findings from 10/04/13 show "No significant central canal narrowing. Mild left C6 neural foraminal narrowing at C6-C7 level." MTUS require documentation of radicular pain (a dermatomal distribution of pain/paresthesia corroborated by an imaging study). In this case, while the patient presents with dermatomal distribution of pain on the right side that seems to correlate to C7 nerve root, MRI does not show any evidence of potential nerve root dysfunction at this level on the symptomatic side. MTUS require corroboration with an imaging study for an ESI. Request is not medically necessary.