

<b>Case Number:</b>	CM14-0076890		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Orthopaedic Surgery 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:

This 31-year-old female sustained an industrial injury on 6/5/12. The mechanism of injury was not documented. The patient underwent right cubital tunnel and epicondylar release on 9/20/13. The 1/23/14 cervical spine MRI findings documented a 2 mm posterior and 2 mm anterior disc bulge at C5/6 touching the subarachnoid space with no compromise on the cord or exiting nerve roots. There was a 1 mm posterior disc bulge at C6/7 with no compromise on the cord or exiting nerve roots and no foraminal encroachment. The 4/8/14 orthopedic report cited intermittent cervical spine pain with radiation and right elbow pain. Objective findings documented tenderness at the right elbow, cervical spine, and trapezius with spasms. Spurling's was positive. Range of motion was decreased. The treatment plan recommended referral for 2nd epidural steroid injection and cervical spine discogram, cervical spine surgery if not improving, and a right elbow sleeve. The 4/30/14 utilization review denied the request for consultation with a specialist for a second cervical epidural steroid injection and cervical spine discogram, as there were no current exam findings or response to cervical epidural steroid injection #1 available to support the medical necessity of this referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation Specialist for Second CESI and C/S Discogram: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The Expert Reviewer's decision rationale: The California MTUS guidelines recommend the epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. MTUS guidelines state that clear evidence is lacking to support the efficacy of discography over other imaging procedures in identifying the location of cervical symptoms, and, therefore, directly appropriate intervention. Guideline criteria have not been met. The current clinical exam and imaging findings do not provide evidence of radiculopathy. There is no documentation of response to the initial cervical epidural steroid injection to support the medical necessity of a repeat injection consistent with guidelines. Discography is not supported by guidelines. Therefore, this request is not medically necessary.