

<b>Case Number:</b>	CM14-0091332		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/26/1998
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Illinois. 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 60 year old male with a reported date of injury of 10/21/1998. The mechanism of injury was a fall. The diagnoses included cervical degenerative disc disease and cervical facet arthropathy. The past treatments consisted of pain medication and surgery. An unofficial MRI of the cervical spine performed on 04/30/2014 and was noted to report mild progressive multilevel degenerative disc disease, spondylosis, and arthropathy. The surgical history included a lumbar fusion at L4-S1. On 05/19/2014, the subjective complaints included constant neck pain with frequent headaches. The physical examination noted 4+/5 strength with right elbow extension and absent reflexes in the triceps and brachioradialis. The medications consisted of Norco and Oxycontin. The plan was for a cervical epidural steroid injection. The rationale was to relieve pain. The request for authorization form was dated 05/19/2014.

### 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 C3-4 and C4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI) Page(s): 46.

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

**Decision rationale:** The request for cervical epidural steroid injection at C3-4 and C4-5 is not medically necessary. The California MTUS Guidelines state that epidural steroid injections may be recommended to treat radicular pain and facilitate progress in active treatment programs when radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines also state that injections should be performed using fluoroscopic guidance. The injured worker has chronic neck pain and shoulder pain. It was documented that the injured worker had evidence of radiculopathy with 4+/5 strength with right elbow extension and absent reflexes in the triceps and brachioradialis; however, these findings are consistent with a C5-6 and/or C6-7 distribution. There were no significant objective findings consistent with radiculopathy at the C3-4 and C4-5 levels. Additionally, the injured worker was noted to have had an MRI of the cervical spine performed on 04/30/2014, which reportedly revealed mild progressive multilevel degenerative disc disease, spondylosis, and arthropathy. However, the official MRI report was not submitted for review to verify findings and corroborate with physical examination. In addition, the request, as submitted, failed to indicate that fluoroscopy would be used for guidance. As such, the request is not medically necessary.