

<b>Case Number:</b>	CM14-0099509		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/26/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Preventive Medicine 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 44-year-old male with a 5/26/12 date of injury. At the time (5/7/14) of request for authorization for Cervical epidural steroid injection C5-6, C6-7, there is documentation of subjective (neck pain radiating to the shoulder) and objective (right sided trapezius muscle spasm, decreased range of motion of the neck) findings, imaging findings (MRI of the cervical spine (4/10/14) report revealed severe central stenosis at C5-C6 with mild/moderate cord compression and relatively severe biforaminal stenosis at this level; and mild/moderate central stenosis at C6-C7 with mild cord impingement and severe left sided neural foraminal stenosis at this level), current diagnoses (cervical discogenic complaints with radicular findings), and treatment to date (activity modification, physical therapy and medications). There is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection C5-6, C6-7:** Upheld

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

**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 cervical discogenic complaints with radicular findings. In addition, given documentation of medical reports' reported imaging findings (MRI of the cervical spine identifying central stenosis at C5-C6 with mild/moderate cord compression and relatively severe biforaminal stenosis at this level; and mild/moderate central stenosis at C6-C7 with mild cord impingement and severe left sided neural foraminal stenosis at this level), there is documentation of imaging (MRI) findings (nerve root compression, moderate or greater central canal stenosis, or neural foraminal stenosis) at each of the requested levels. Furthermore, there is documentation of failure of conservative treatment (activity modification, medications and physical modalities). However, despite nonspecific documentation of subjective findings (neck pain radiating to the shoulder), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution. In addition, there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. Therefore, based on guidelines and a review of the evidence, the request for Cervical epidural steroid injection C5-6, C6-7 is not medically necessary.