

<b>Case Number:</b>	CM14-0188198		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Medicine and is licensed to practice in Texas and Florida. 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 46 year old man sustained an industrial injury on 6/13/2013 resulting in cervical radiculopathy, cervical and lumbar strain. There are associated diagnoses of stress, anxiety, depression and insomnia. Treatment has included oral medications, heat applications, and physical therapy. An MRI of the neck, performed on 9/27/2013, shows C6-C7 mild to moderate bilateral uncovertebral hypertrophy and foraminal narrowing, greater on the right. C5-C6 mild right uncovertebral hypertrophy and foraminal narrowing. C3-C4 moderate left sided uncovertebral hypertrophy and foraminal stenosis. Diagnosis included cervical disc with radiculitis, neck pain. MRI of the lumbar spine, performed on 10/2/2013, shows L3-L4 and L4-L5 mild disc degeneration and bulging. L5-S1 moderate left and mild right facet arthropathy. NF are narrowed. Physician's notes from 10/13/2014, state complaints of neck pain radiating down his right side to his fingers and low back pain radiating to his right leg and toes. There is increased low back pain and right arm pain with radiation in C6 distribution and noticeable weakness with grip. There is bilateral positive Spurling's sign. The worker states that medication has helped more than the interferential unit. There are complaints of pain with range of motion of the back and/or neck and is unable to bend or lift. There is associated numbness and tingling sensation. Recommendations included continuing oral medications, addressing the worker with a multidisciplinary approach, a home exercise program, and a cervical epidural steroid injection. The medications listed in the records are hydrocodone, gabapentin and NSAIDs for pain. On 10/29/2014, Utilization Review evaluated a prescription for a cervical epidural steroid injection at C7-T1. The physician noted the lack of a dermatomal pattern of pain and sensation distribution. The request was denied and subsequently appealed to Independent Medical Review.

### 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 C7-T1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Neck and Upper Back

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that cervical epidural steroid injections can be utilized for the treatment of cervical radiculopathy that did not respond to conservative treatment with medications and PT. The records indicate the positive documentation of subjective, objective and radiological findings consistent with cervical radiculopathy. The patient had completed and failed medication management and PT. The criteria for C7-T1 cervical epidural steroid injection was met.