

<b>Case Number:</b>	CM14-0189528		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Occupational 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:

Patient is a 39 year-old female with date of injury 09/28/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/27/2014, lists subjective complaints as pain in the neck with radicular symptoms down both arms. Objective findings: Examination of the cervical spine revealed restricted range of motion with flexion 30 degrees, extension 15 degrees, and right and left lateral bending 15 degrees. All ranges were limited by pain. Tenderness of the paravertebral muscles was noted bilaterally. Tenderness was also noted at the trapezius. All upper limb reflexes were equal and symmetric. Strength testing for the bilateral upper extremities was 4/5. Diagnosis: 1. Cervical facet syndrome 2. Lumbar facet syndrome 3. Cervical radiculopathy 4. Lumbar radiculopathy 5. Joint pain 6. Spinal lumbar degenerative disc disease 7. Disc disorder, cervical 8. Medial epicondylitis 9. Lateral epicondylitis 10. Tendinitis 11. Extremity pain 12. Wrist pain. The patient has had a previous steroid injection for the lumbar spine, but not for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**cervical epidural injection at C6-C7:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**Decision rationale:** The California MTUS states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. There is no documentation of possible cervical surgery. C6-7 epidural steroid injection is not medically necessary.