

<b>Case Number:</b>	CM14-0199338		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	04/05/2009
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab 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:

The injured worker is a 56-year-old female with a date of injury of 04/05/2009 and the mechanism of injury was not provided. Her relevant diagnoses were major depressive disorder, single episode, unspecified; anxiety state; depressive disorder; other chronic pain; and lumbago. Past treatments included a lumbar ESI on 07/24/2014, C5-7 cervical epidural steroid injection on 04/05/2010, left L5-S1 lumbar epidural steroid injection on 05/09/2012, and a trigger point injection sometime in 2014. Her diagnostic studies included a cervical MRI on 07/24/2014 which revealed postsurgical changes consistent with anterior cervical discectomy and fusion at C5-6 and C6-7; at C3-4, mild disc height loss with 2 mm broad based disc protrusion, and the spinal canal and neural foramina were patent; at C5-6, central to left lateral recesses spurring of 1 to 2 mm but spinal canal and neural foramina were patent; and at C6-7, central spurring of 1 to 2 mm, but the spinal canal and right neural foramina were patent, and there was mild left neural foraminal stenosis. Her past surgical history included anterior cervical discectomy and fusion at C5-6 and C6-7. The injured worker presented on 10/06/2014 with pain in her neck and a recheck following trigger point injection. A physical examination revealed generalized tenderness over the neck and shoulder girdle. Head movement was moderately restricted in all directions and pain elicited. Muscle strength was within normal limits at 5/5, normal stability; upper extremity muscle strength was 5/5 bilaterally; no sensory sensation was normal. Her medications included tramadol, cyclobenzaprine, protonix, Lidoderm patch and Cymbalta with the duration of the medication regimen of at least one year. The treatment plan was a cervical ESI at C6-7; a pain psychology consultation; and follow-up with a physician. The request is for a cervical steroid injection at C6-7 and the rationale was she had received no benefit from the TPIs and continued to complain of severe neck pain. The Request for Authorization from, dated 10/07/2014, was submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical steroid injection at C6-7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) 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 steroid injection at C6-7 is not medically necessary. The injured worker presented with severe neck pain. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain as defined in a dermatomal distribution with corroborative findings of radiculopathy. However, there was insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. There was a lack of documentation of evidence of radicular pain corroborated by an MRI. There was a lack of documentation that the injured worker had been initially unresponsive to conservative treatments such as exercises, physical methods, NSAIDs, and muscle relaxants. As such, the request for cervical steroid injection at C6-7 is not medically necessary.