

<b>Case Number:</b>	CM14-0217083		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39-year-old male who reported injury on 11/26/2012. The mechanism of injury was cumulative trauma. He was diagnosed with cervical radiculopathy. Past treatments were noted to include medications and therapy. His diagnostic studies included an official EMG and nerve conduction study, performed on 07/30/2014, which was noted to reveal abnormal EMG of bilateral upper extremities. There was evidence of bilateral chronic C5-6 cervical radiculopathy. There was no evidence of myelopathy. On 12/01/2014, the injured worker reported continued neck pain, wrist pain and hand pain. No physical examination was provided. His current medications were noted to include gabapentin 600 mg, naproxen 550 mg. A treatment plan was noted to include medications, continued use with TENS unit, a request for chiropractic therapy; additionally request for cervical steroid injection and referral for psych evaluation, as well as a request for cervical MRI. A request was submitted for cervical epidural steroid injection bilateral C5-C6 level with fluoroscopy. The rationale for the request was due to patient's subjective and objective evidence of disc herniation. Additionally, the treating physician indicated the patient had failed nonsurgical treatment, including therapy and oral medications. A Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection bilateral C5-C6 level with fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 bilateral C5-C6 level with fluoroscopy is not medically necessary. The California MTUS Guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants. The guidelines note no more than 2 nerve root levels should be injected using transforaminal blocks, and no more than 1 interlaminar level should be injected at 1 session. The clinical documentation submitted for review does not provide evidence of severe neurological deficits upon physical examination. Additionally, it is unclear if the patient has had recent physical therapy. In the absence of this documentation, the request is not supported by the guidelines. As such, the request is not medically necessary.