

<b>Case Number:</b>	CM15-0009512		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, Pain Management

### 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 54 year old male, who sustained an industrial injury on 6/06/2013 due to a motor vehicle accident. The diagnoses have included degeneration of cervical intervertebral disc, cervical disc displacement and cervical radiculitis. Treatment to date has included NSAIDs, muscle relaxants, rest, ice, heat and physical therapy. Electrodiagnostic testing dated 01/09/2014 suggested mild to moderate carpal tunnel syndrome. Currently, the IW complains of constant pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above shoulder level. The pain is characterized as sharp and there is radiation into the lower extremities. The pain is rated as a 7/10. Objective findings included palpable paravertebral muscle tenderness with spasm. There is a positive axial loading compression test and Spurling's maneuver is positive. There is limited range of motion with pain. There is tingling and numbness into the lateral forearm and hand, greatest over the thumb and middle finger which correlates with a C6 and C7 dermatomal pattern. On 12/31/2014, Utilization Review non-certified a request for a C5-6 cervical epidural steroid injection, anesthesia monitored care and epidurography noting the lack of documentation of corroborative electrodiagnostic studies. The MTUS was cited. On 1/16/2015, the injured worker submitted an application for IMR for review of C5-6 cervical epidural steroid injection, anesthesia monitored care and epidurography.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-C6 cervical steroid injection, anesthesia monitored care/epidurography times 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation ODG Pain (updated 12/30/14), <http://www.ncbi.nlm.nih.gov/pubmed/10319985> AJNR Am J Neuroradiol. 1999 Apr;20(4):697-705

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there is no radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.