

<b>Case Number:</b>	CM14-0110230		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	07/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Pain Management 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 60-year-old female who sustained work-related injuries on June 27, 2013. Cervical spine magnetic resonance imaging scan dated January 16, 2014 revealed C5-6 small left paracentral disc protrusion just touching and slightly deforming the anterolateral aspect of the spinal cord. Canal and neural foramen are not significantly narrowed. Records dated January 29, 2014 documents the she was feeling the same with tolerable pain after work. Her trigger point injections decreased her pain by 25% since her last visit and continued to experience relief. She reported that an electromyogram was approved. She reported of pain in the neck that was dull and sharp, constant, rated at 3/10 and made worse with bending, better with rest and Motrin and no radiation. She had an electromyogram/nerve conduction velocity study on March 12, 2014 which noted normal examination findings. June 25, 2014 records indicate that the injured worker continued to work with work restrictions with difficulty. She continued to have intermittent tingling of hands particularly at night along with neck pain and low back pain. On examination, range of motion appeared normal. Deep tendon reflexes were 3+/4 in the biceps, triceps, and brachioradialis. Lower extremity examination noted hyperreflexic at 3+/4 in the patella and 2-3+/4 in the Achilles. Mild palpable lumbar paraspinous spasms and some extent thoracic paraspinous spasm but no loss of motion was noted. Sensation appeared to be normal as well as in the upper extremities. She was diagnosed with (a) cervicgia, (b) displacement of cervical intervertebral disc without myelopathy, (c) lumbago, and (d) chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Injection C/T:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

**Decision rationale:** According to evidence-based guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, physical examination findings do not indicate any radicular symptoms. Cervical spine magnetic resonance imaging scan noted C5-6 small left paracentral protrusion but no significant canal and neural foramen narrowing while electromyogram/nerve conduction velocity study do not indicate any radiculopathy. Due to lack of evidence of radiculopathy, the medical necessity of the requested transforaminal epidural steroid injections for the cervical spine is not established.