

<b>Case Number:</b>	CM14-0121000		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/09/2001
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 and Rehabilitation 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 patient is a 55-year-old female who has submitted a claim for cervical disc disorder with radiculopathy associated with an industrial injury date of 01/09/2001. Medical records from 01/16/2014 to 07/25/2014 were reviewed and showed that patient complained of neck pain graded 7-8/10 radiating down bilateral shoulders and right arm and forearm. Physical examination revealed decreased cervical ROM, weakness of right forearm, hypesthesia along median and ulnar nerve distribution on the right, and intact DTRs of upper extremities. MRI of the cervical spine dated 02/13/2014 revealed C3-7 nerve root compromise. EMG/NCS of bilateral upper extremities revealed mild right median neuropathy. The treatment to date has included acupuncture, physical therapy, chiropractic manipulation, acupuncture and pain medications. The patient reported pain relief with acupuncture (04/17/2014) and chiropractic care (05/01/2014).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Selective Epidural C6-7 with Mac:** 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:** The CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; In this case, the patient complained of neck pain radiating down bilateral shoulders and right arm and forearm. Physical examination revealed weakness of right forearm, hypesthesia along median and ulnar nerve distribution on the right, and intact DTRs of upper extremities. The patient's clinical manifestations were inconsistent with a focal neurologic deficit to support presence of radiculopathy. MRI of the cervical spine was done on 02/13/2014 with findings of C3-7 nerve root compromise. However, radiculopathy was not documented by both objective findings and imaging studies to support need for cervical ESI. Moreover, the patient reported pain relief with chiropractic manipulation and acupuncture that does not indicate unresponsiveness to conservative treatment. The request likewise failed to specify if the procedure would be done under fluoroscopic guidance. It was noted that utilization review dated 07/17/2014 certified the request previously. Therefore, the request for Cervical Selective Epidural C6-7 with Mac is not medically necessary.