

<b>Case Number:</b>	CM14-0147373		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	03/10/2008
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 & 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:

This 46 year-old patient sustained an injury on 3/10/08 while employed by [REDACTED]. Request(s) under consideration include Cervical Epidural Injection at C6-C7. Diagnoses include s/p left wrist carpal tunnel syndrome in 2010. Report of 5/29/14 from the pain management provider noted patient with continued neck pain rated at 7/10 with associated stiffness and spasm; low back pain; residual wrist and right elbow pain s/p surgery. Medications list Norflex, Norco, and Elavil. Report of 3/5/14 noted additional medical marijuana listed. Exam showed "There is no sign of sedation. She is alert and oriented. Spasm and tenderness of cervical spine noted with normal range of motion but with complaints of pain in all directions." No other exam findings documented. Diagnoses included multiple cervical disc protrusion; cervical radiculopathy; multiple lumbar disc protrusion; lumbar radiculopathy; s/p CTR bilaterally (right 1996, left 2010); remote s/p right epicondylectomy surgery 1997; remote s/p left knee arthroscopy 1981; and depression/anxiety. Treatment included medication refills and consideration for CESI and LESI to neck and back. Report of 6/26/14 from the provider noted patient with ongoing 6/10 neck pain radiating to upper extremities. Exam showed spasm and tenderness in paravertebral muscles with decreased cervical flex/extension range. The request(s) for Cervical Epidural Injection at C6-C7 was non-certified on 8/14/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural injection C6-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, and 181.,Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 47.

**Decision rationale:** This 46 year-old patient sustained an injury on 3/10/08 while employed by [REDACTED]. Request(s) under consideration include Cervical Epidural Injection at C6-C7. Diagnoses include s/p left wrist carpal tunnel syndrome in 2010. Report of 5/29/14 from the pain management provider noted patient with continued neck pain rated at 7/10 with associated stiffness and spasm; low back pain; residual wrist and right elbow pain s/p surgery. Medications list Norflex, Norco, and Elavil. Report of 3/5/14 noted additional medical marijuana listed. Exam showed "There is no sign of sedation. She is alert and oriented. Spasm and tenderness of cervical spine noted with normal range of motion but with complaints of pain in all directions." No other exam findings documented. Diagnoses included multiple cervical disc protrusion; cervical radiculopathy; multiple lumbar disc protrusion; lumbar radiculopathy; s/p CTR bilaterally (right 1996, left 2010); remote s/p right epicondylectomy surgery 1997; remote s/p left knee arthroscopy 1981; and depression/anxiety. Treatment included medication refills and consideration for CESI and LESI to neck and back. Report of 6/26/14 from the provider noted patient with ongoing 6/10 neck pain radiating to upper extremities. Exam showed spasm and tenderness in paravertebral muscles with decreased cervical flex/extension range. The request(s) for Cervical Epidural Injection at C6-C7 was non-certified on 8/14/14. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI's as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not clearly established here. Submitted reports have not adequately demonstrated any neurological deficits or significant findings of radiculopathy collaborated with imaging. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged for this chronic injury. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in clinical findings or progression in functional status. The Cervical epidural injection C6-C7 is not medically necessary and appropriate.