

<b>Case Number:</b>	CM14-0166219		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 59-year-old female with a 6/4/12 date of injury. At the time (8/26/14) of request for authorization for Cervical Epidural Steroid Injection at the C5-C6 and C6-C7 Levels, there is documentation of subjective (constant neck pain extending down into the right lower extremities) and objective (tenderness to palpitation over the paracervical and across the trapezius bilaterally, tenderness to palpitation in the interscapular space, and decreased deep tendon reflexes in the biceps and triceps bilaterally, and absent deep tendon reflexes in the brachioradialis bilaterally) findings, imaging findings (Reported MRI of the cervical spine (7/26/13) revealed 2-3mm posterior disc/endplate osteophyte complexes from C4-5 through C7-T1, minimal to mild central canal stenosis, multilevel neuroforaminal stenosis, worse on the left at C4-5, classified as moderate to severe, and on the right at C5-6, classified as severe; and mild to moderate degenerative disc disease from C4-5 inferiorly through C6-7; report not available for review), current diagnoses (cervicogenic headaches, C5-6 and C6-7 disc degeneration, and C5-6 posterior disc protrusion), and treatment to date (activity modifications, physical therapy, and medications). There is no documentation of subjective radicular findings in each of the requested nerve root distributions and an imaging report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection at the C5-C6 and C6-C7 Levels: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of diagnoses of cervicogenic headaches, C5-6 and C6-7 disc degeneration, and C5-6 posterior disc protrusion. In addition, given documentation of objective findings (decreased deep tendon reflexes in the biceps and triceps bilaterally and absent deep tendon reflexes in the brachioradialis bilaterally) findings, there is documentation of objective (reflex changes) radicular findings in each of the requested nerve root distributions. Furthermore, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, despite nonspecific documentation of subjective findings (constant neck pain extending down into the right lower extremities), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution. In addition, despite the medical reports' reported imaging findings (MRI of the cervical spine (7/26/13) revealed 2-3mm posterior disc/endplate osteophyte complexes from C4-5 through C7-T1, minimal to mild central canal stenosis, multilevel neuroforaminal stenosis, worse on the left at C4-5, classified as moderate to severe, and on the right at C5-6, classified as severe; and mild to moderate degenerative disc disease from C4-5 inferiorly through C6-7), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for Cervical Epidural Steroid Injection at the C5-C6 and C6-C7 Levels is not medically necessary.