

<b>Case Number:</b>	CM15-0009522		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/15/2014
<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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 53 year old female, who sustained an industrial injury on 4/26/2012. The diagnoses have included right cervical radiculitis and rotator tendinitis. Magnetic resonance imaging (MRI) of the cervical spine without contrast dated 8/21/2014 reveals a 2mm central protruding disc at C5-6 interspace without evidence of cord compression or significant central canal spinal or foraminal stenosis. There is straightening of the cervical spine noted probably related to pain and or muscle spasm. Electrodiagnostic report dated 7/30/2014 reveals no evidence of electrical instability. Currently, the Injured Worker complains of severe neck pain with radiating upper extremity pain. Objective findings included an antalgic gait. She ambulates with a cane. There is tenderness to palpation of the cervical spine with muscle spasm. Ranges of motion are restricted ad there are sensory deficits throughout the right upper extremity. There is tenderness to palpation of the right shoulder with related spastic activity. There is restricted range of motion due to pain on the right. Flexion is 95 degrees and extension is 55 degrees. On 12/12/2014, Utilization Review non-certified a request for right C6 selective transforaminal epidural steroid injection noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 1/16/2015, the injured worker submitted an application for IMR for review of right C6 selective transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right C6 Selective TESI:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no documentation that the C6 level is the location of the radiculopathy. Furthermore, there is no documentation to support any recent initiation and failure with conservative treatments. Therefore, the request for Right C6 Selective TESI is not medically necessary.