

<b>Case Number:</b>	CM15-0122421		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 64 year old male with an April 2, 2012 date of injury. A progress note dated May 21, 2015 documents subjective complaints (neck pain with radiating pain into the shoulders; numbness and tingling into the arms), objective findings (very guarded in neck motion; moderate pain at the extremes of motion), and current diagnoses (cervical spine stenosis). Treatments to date have included cervical spine fusion, magnetic resonance imaging of the cervical spine (showed a C5-C6 fusion, some segmental breakdown at C4-C5 and a greater degree at C6-C7 with associated foraminal narrowing), and medications. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection under imaging for C6-C7:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

**Decision rationale:** The claimant sustained a work-related injury in April 2012 and underwent a cervical spine fusion. He is being treated for radiating neck pain. When seen, he was having bilateral upper extremity numbness and tingling and shoulder pain. There was reproduction of radicular symptoms with extension and rotation of the cervical spine. An MRI, CT scan, and electrodiagnostic testing done recently showed findings consistent with C6 radiculopathy. In April 2015 there was decreased right upper extremity strength and sensation. Criteria for consideration of a cervical epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the requesting provider documents positive neural compression testing and decreased upper extremity strength and sensation have been documented. The claimant has radicular symptoms and imaging and electrodiagnostic testing corroborates these symptoms. The requested injection is medically necessary.