

<b>Case Number:</b>	CM15-0126939		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old male, who sustained an industrial injury on 8/12/13. The injured worker has complaints of posterior neck pain with radiculopathy to his right upper extremity. The myofascial examination shows mild-to-moderate tenderness over the cervical paraspinal muscle and moderate tenderness over the right upper trapezius region and tenderness over the right shoulder joint. The documentation noted that the injured worker shows about 60 to 70 percent cervical range of motion with mild-to-moderate muscular spasm and guarding and there is tenderness over the C5-6 and C6-7 interspaces. The diagnoses have included cervical disc derangement, C5-6 and C6-7; cervical radiculopathy and right shoulder pain with previous history of arthroscopic procedure. Treatment to date has included cervical epidural steroid injection; arthroscopic procedure on right shoulder; electromyography/nerve conduction study on 7/22/13 reveals right -sided carpal tunnel syndrome; cervical magnetic resonance imaging (MRI) dated 1/6/14 reveals mild foraminal stenosis at C3-4, mild at C5-6, otherwise no significant central foraminal stenosis and cervical spine X-rays from November 2014 revealed no signs of instability, but there are signs of cervical spondylosis with osteophytes, most notable at C5-6 and C6-7. The request was for C7-T1 translaminar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C7-T1 translaminar epidural steroid injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The patient presents with pain affecting the cervical spine which radiates into the right upper extremities. The current request is for C7-T1 translaminar epidural steroid injection. The treating physician states in the report dated 4/29/15 he recently underwent a trial of cervical epidural steroid injection (C5/6 & C6/7). He now reports that his condition has been overall stable. He admits that he currently has much less pain in his neck and also significant improvement of his radiculopathy more so right upper extremity. (11B) The treating physician goes on to state in the report dated 5/21/15, "Requesting an authorization for a second cervical epidural steroid injection for treatment of his neck pain that radiates down the right side of his neck into the shoulder trapezius region." (16B) A cervical MRI from 1/6/14 showed C3-4 and C5-6 mild foraminal stenosis. The MTUS Guidelines support the usage of cervical ESIs for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, the treating physician has not provided diagnostic imaging reports to corroborate cervical radiculopathy in the C7-T1 region. The current request is not medically necessary.