

<b>Case Number:</b>	CM15-0037399		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	02/08/1991
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 70-year-old male with an industrial injury dated February 8, 1991. The injured worker diagnoses include cervical disc disorder, radiculopathy, chronic pain syndrome, muscle spasm, and aching muscles. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/26/2015, the injured worker reported general pain and neck pain. Physical exam was unremarkable. The current diagnoses consists of aching muscles, annular fissure of cervical disc, cervical disc disorder with radiculopathy, chronic pain syndrome and muscle spasm. Treatment plan includes gentle stretching exercises, ice/heat therapy, cervical epidural steroid injection and trigger point ultrasound medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical injection midline C7-T3 with fluoroscopy, contrast, medication:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - neck, ESI.

**Decision rationale:** The available medical records provided for review do not document physical exam findings consistent with radiculopathy (motor, sensory, reflex changes) consistent with a radicular pattern corroborated by MRI or EMG in support of ESI for the cervical spine. The physical examinations reported do not indicate findings regarding motor, sensory or reflex examination. There is no EMG report regarding the upper extremities. The MRI of the cervical spine reported does not corroborate nerve root impingement in support of radiculopathy. ODG guidelines do not support ESI except in case of radiculopathy demonstrated by physical examination and corroborated by MRI and/or EMG. As the medical records do not demonstrate physical exam findings in support of ESI congruent with ODG, the medical records do not support performance of the procedure requested.