

<b>Case Number:</b>	CM15-0093839		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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  
 Certification(s)/Specialty: Emergency 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 61 year old male injured worker suffered an industrial injury on 12/10/2013. The diagnoses included cervical spine sprain/strain, bilateral shoulder tendonitis, lumbar facet syndrome and lumbar spine sprain/strain. The diagnostics included cervical magnetic resonance imaging and electromyographic studies. The injured worker had been treated with physical therapy, chiropractic and medications. On 4/22/2015, the treating provider reported on exam there was cervical spine tenderness with spasms along with decreased range of motion. The lumbar spine had tenderness with spasms with decreased range of motion and positive straight leg raise. The treatment plan included epidural steroid injection and cervical traction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) left C5-C6 and bilateral C6-C7 transfacet epidural steroid injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

**Decision rationale:** The requested one (1) left C5-C6 and bilateral C6-C7 transfacet epidural steroid injection, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injured worker has cervical spine tenderness with spasms along with decreased range of motion. The lumbar spine had tenderness with spasms with decreased range of motion and positive straight leg raise. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electro diagnostic findings indicative of radiculopathy. The criteria noted above not having been met, One (1) left C5-C6 and bilateral C6-C7 transfacet epidural steroid injection is not medically necessary.

**One (1) cervical traction unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Traction Section.

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

**Decision rationale:** The requested One (1) cervical traction unit, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Page 181, does not recommend cervical traction. The injured worker has cervical spine tenderness with spasms along with decreased range of motion. The lumbar spine had tenderness with spasms with decreased range of motion and positive straight leg raise. The treating physician has not documented subjective or objective findings indicative of cervical radiculopathy, nor objective evidence of derived functional benefit from the use of cervical traction under the supervision of a licensed physical therapist. The criteria noted above not having been met, One (1) cervical traction unit is not medically necessary.