

<b>Case Number:</b>	CM14-0140719		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/10/2011
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 60-year-old male with an 11/10/11 date of injury. At the time (6/11/14) of request for authorization for Cervical Epidural Steroid Injection at C6-7, there is documentation of subjective complaints are radiating neck pain, radiating low back pain, weakness of the hands, numbness and heat in his arms and hands, and numbness, tingling and weakness of his right leg. Objective findings include decreased range of motion of the back and worsening pain with extension, flexion, rotation, and lateral flexion. Imaging findings are reported MRI of cervical spine (11/6/12) revealed severe right foraminal stenosis; report not available for review. Current diagnoses include cervical radiculopathy, lumbar radiculopathy and severe myofascial spasms. Treatment to date is activity modification, physical modalities, and medications. There is no documentation of an imaging report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cervical Epidural Steroid Injection at C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Cervical Epidural Corticosteroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Epidural Steroid Injections, Neck and Upper Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Official Disability Guidelines (ODG) identifies documentation of subjective of pain, numbness, or tingling in a correlating nerve root distribution and objective of sensory changes, motor changes, or reflex changes, if reflex relevant to the associated level, in a correlating nerve root distribution. In addition, radicular findings in each of the requested nerve root distributions, imaging findings at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, lumbar radiculopathy and severe myofascial spasms. In addition, there is documentation of subjective pain and objective sensory changes radicular findings in the requested nerve root distribution, and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite documentation of the medical reports, reported imaging findings of MRI of cervical spine revealing C6-7 severe right foraminal stenosis, there is no documentation of an imaging report. Therefore, the request is not medically necessary.