

<b>Case Number:</b>	CM14-0144182		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/03/2005
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 72 year old female with an injury date of 07/03/06. Based on 03/03/14 progress report, the patient presents with cervical spine pain. Physical examination to the cervical spine reveals tenderness to palpation at pericervical area. Stability and Laxity tests are normal. Range of motion shows moderate restriction on flexion, extension and lateral bending. Patient has had conservative measures without relief. Diagnostic Studies per progress report dated 07/29/14 by [REDACTED] severe degeneration of cervical spine, particularly at C4-C5 where there are end-plate changes and herniations posteriorly as well as C3-C4, C5-C6, and C6-C7. Diagnosis 03/03/14 by [REDACTED] - Cervicalgia Diagnosis 07/29/14 by [REDACTED] - severe C5 radiculopathy bilaterally- moderate C6 radiculopathy EMG/NCS Studies 07/12/13- No electrical evidence of a cervical radiculopathy or brachial plexopathy affecting the C5 through T1 lower motor nerve fibers of the bilateral upper extremities or the cervical paraspinals.- No electrical evidence of bilateral carpal tunnel syndrome- No electrical evidence of an ulnar neuropathy at the cupital tunnel or Guyon's canal bilaterally.- No electrical evidence of generalized peripheral neuropathy affecting the upper and lower extremities [REDACTED] is requesting One (1) cervical epidural injection at C4-C5 and C6-C7 levels under fluoroscopy and myelography. The utilization review determination being challenged is dated 08/12/14. The rationale is "diagnosis of radiculopathy at C4-C5 and C6-C7 cannot be ascertained. No MRI submitted and failure of conservative care not documented." [REDACTED] is the requesting provider, and he provided treatment reports from 02/04/13 - 07/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Cervical Epidural Injection at C4-C5 and C6-C7 Levels under Fluoroscopy and Myelography: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46, 47.

**Decision rationale:** Patient presents with cervical spine pain. The request is for One (1) cervical epidural injection at C4-C5 and C6-C7 levels under fluoroscopy and myelography. Patient has had conservative measures without relief. Regarding Cervical Spine Epidural steroid injections (ESI), MTUS states "Criteria for the use of Epidural steroid injections: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Per progress report dated 07/29/14, treater has diagnosed patient with severe C5 radiculopathy bilaterally and moderate C6 radiculopathy. However, there is no documentation of any arm symptoms on reports. There is no description of dermatomal distribution of pain down the arm in C5 or C6 nerve. MRI report is not provided, although herniation is described at couple of levels. EMG was negative for radiculopathy. Given no description of arm symptoms, an ESI would not be indicated. The request for One (1) Cervical Epidural Injection at C4-C5 and C6-C7 Levels under Fluoroscopy and Myelography is not medically necessary.