

<b>Case Number:</b>	CM13-0010046		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/30/1999
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Management and is licensed to practice in Florida. 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 physician 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 employee is a 55-year-old female who reported an injury on 9/30/99 as the result of lifting heavy boxes. The employee's diagnoses were noted to include chronic pain syndrome, cervical radiculitis, neck pain, myalgia and myositis unspecified, and other unspecified cervical disc disorder. The provider has recommended bilateral transforaminal epidural steroid injection at C5-6, C6-7 under fluoroscopy and sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral transforaminal epidural steroid injection at C5-6, C6-7 under fluoroscopy and sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy)

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate epidural steroid injections are recommended for patients with radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing who are initially unresponsive to conservative treatment. In this case, the employee was noted to have undergone

an MRI on 5/2/11 which revealed multilevel cervical spondylosis without any underlying direct cord compression or abnormal cord signal. Mild to moderate bilateral C6-7 and mild left C7-T1 foraminal stenosis was noted. However, the clinical documentation submitted for review failed to provide an objective examination to support the request. Additionally, there is a lack of documentation indicating the employee has had previous cervical epidural steroid injections at these levels. Therefore, the requested bilateral transforaminal epidural steroid injection at C5-6 and C6-7 under fluoroscopy and sedation is not medically necessary and appropriate.