

<b>Case Number:</b>	CM13-0032168		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	12/30/2011
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 and is licensed to practice in Texas. 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 49-year-old male who reported an injury on 12/30/2011. The mechanism of injury involved repetitive heavy lifting. The patient is currently diagnosed with cervical stenosis, herniated nucleus pulposus and degenerative disc disease. The patient was seen by [REDACTED] on 08/21/2013. The patient reported moderate neck pain with radiation to bilateral shoulders. The patient reported symptom improvement with the use of heat, ice and medications. Physical examination revealed decreased cervical range of motion, positive Spurling's maneuver, mild to moderate cervical paraspinal spasms, and positive Tinel's testing bilaterally with hypoesthesia in the right and left index, thumb and long fingers. Treatment recommendations included cervical epidural steroid injections times three. It is noted that the patient underwent an MRI of the cervical spine on 05/18/2013, which revealed disc dessiccation at C2-3 down to C6-7 with bilateral neural foraminal stenosis and spinal canal stenosis at C4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CERVICAL EPIDURAL INJECTIONS TIMES THREE, LEVEL(S) NOT INDICATED:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS 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.

**Decision rationale:** As per the documentation submitted, there was no evidence of radiculopathy upon physical examination. There is also no documentation of a recent unresponsiveness to conservative treatment. Furthermore, guidelines state no more than 2 nerve root levels should be injected using transforaminal blocks and no more than 1 interlaminar level should be injected at 1 session. Guidelines do not support a series of 3 injections. Based on the clinical information received, the request is non-certified.