

<b>Case Number:</b>	CM13-0054047		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/31/2007
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Orthopedic Surgery and is licensed to practice in New York. 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:

Patient is a 61-year-old female with the date of injury of January 31, 2007. The patient has chronic neck pain. The patient's injury occurred when she repeatedly had to bend over microscope at work. The patient has had neck pain for many years. The patient has had a previous cervical epidural steroid injection. The results of that injection are not documented medical records.. Patient had MRI imaging January 2013 and there is no documentation of neurocompression on the study. Treatment to date include physical therapy, medications, and C5-7 spinal fusion performed in 2007. Patient continues to have chronic neck pain. Physical examination does not document specific radiculopathy. At issue is whether additional cervical injection should be performed at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RUSH: SECOND INTERLAMINAR EPIDURAL INJECTION ON THE LEFT AT C3-C4 AND C4-C5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** This patient does not meet establish criteria for repeat cervical epidural steroid injection. Specifically the patient has had a prior cervical esi injection and the response is not documented. In addition, imaging studies in the medical records do not document specific compression of the cervical nerve root causing radiculopathy. Physical examination present does not document radiculopathy. Radiculopathy is not confirmed by electrodiagnostic testing. Criteria for cervical epidural steroid injection are not met.