

<b>Case Number:</b>	CM13-0054558		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/04/2002
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Anesthesiology, 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 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 mechanism of injury was the injured worker experienced pain in her left hip while getting in and out of the bus seat. The date of injury was noted to be 02/04/2002. The injured worker had an MRI of the cervical spine on 11/27/2013 which revealed at the level of C6-7, there was a broad, 2 to 3 mm disc protrusion extending into both neural foraminal exit zones. There was borderline bilateral neural foraminal exit zone compromise without spinal stenosis. The documentation of 12/17/2013 revealed the injured worker underwent an Agreed Medical Evaluation on 12/17/2013. There was no DWC Form RFA nor PR-2 submitted with objective physical findings to support the necessity for the request. The diagnoses included cervicalgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CERVICAL EPIDURAL STEROID INJECTION (ESI) AT C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that epidural steroid injections are appropriate treatment for radiculopathy. There must be documentation of objective findings of radiculopathy upon physical examination that are corroborated by electrodiagnostic and/or imaging findings. There should be documentation the injured worker has had a trial and failure of conservative treatment. The request as submitted indicated the injured worker had an MRI on 11/27/2013. There was a lack of documentation indicating the injured worker had nerve impingement per the MRI. Given the above, the request for an outpatient cervical epidural steroid injection (ESI) at C6-7 is not medically necessary and appropriate.