

<b>Case Number:</b>	CM13-0054885		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/02/2011
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	11/11/2013
<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 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 has a subspecialty in 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 patient who reported an injury on 06/02/2011. The mechanism of injury was not specifically stated. The patient is currently diagnosed with degeneration of lumbar or lumbosacral intervertebral disc. The patient was seen by [REDACTED] on 11/12/2013. The patient reported ongoing pain and stiffness to the cervical and lumbar spine. The patient also reported radiation to bilateral upper and lower extremities. Physical examination was not provided. Treatment recommendations included a referral to an internal medicine specialist, continuation of pain management, and a second epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C5-C6 cervical epidural injection:** 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 Page(s): 46.

**Decision rationale:** California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, there was no evidence of radiculopathy upon

physical examination. There were no imaging studies or electrodiagnostic reports submitted for review. There is also no documentation of a recent failure to respond to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Documentation of functional improvement and pain relief following an initial injection was also not provided. Based on the clinical information received, the request is non-certified.