

<b>Case Number:</b>	CM14-0002489		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/01/2000
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 44 year old male whose date of injury is 06/01/2000. The mechanism of injury is described as a slip and fall. Progress report dated 08/05/13 indicates that the patient underwent cervical epidural steroid injection on 08/08/05 with excellent results, lumbar epidural steroid injection on 02/19/08 with significant relief of leg pain, and lumbar facet joint injection on 09/17/07 with excellent relief and on 04/20/09, lumbar radiofrequency ablation on 07/10/09 with excellent relief and on 09/21/09, C7-T1 epidural steroid injection on 01/11/10 (response not documented). The most recent progress report dated 12/09/13 indicates that pain is 2/10 with medication, 5/10 without. Current medications are naproxen and Lortab. On physical examination cervical range of motion is extension 5, bilateral lateral bending 25, limited lateral rotation to the right and normal to the left. Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arm. Deep tendon reflexes are 2/4 on the right and 1/4 on the left. Sensation is intact throughout.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CERVICAL EPIDURAL INJECTIONS, SITE C7-T1: 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 Page(s): 46.

**Decision rationale:** Based on the clinical information provided, the request for cervical epidural injections site C7-T1 is not as medically necessary. Chronic Pain Medical Treatment Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The patient's physical examination fails to establish the presence of active radiculopathy with negative Spurling's and intact sensation throughout. There are no imaging studies/electrodiagnostic results submitted for review. There is no indication that the patient has undergone any recent active treatment. Therefore the request is not medically necessary.