

<b>Case Number:</b>	CM14-0005228		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	03/07/2001
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Medicine, and is licensed to practice in Texas and 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 is a 44 year old female who was injured on 3/7/2001. The diagnoses listed are cervical spine pain, cervical radiculopathy, lumbar radiculopathy and muscle pain. The past surgery history is significant for cervical spine fusion and lumbar spine fusion. The patient reported decrease in pain levels following PT and trigger point injections. On 12/17/2013, [REDACTED] noted that the neck pain was radiating to the upper extremities. There was associated numbness and tingling sensations and decreased range of motion of the cervical spine. The medications are fentanyl patch, oxycodone and tramadol for pain. A Utilization Review determination was rendered on 1/7/2014 recommending non certification for C7-T1 cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **INTERLAMINAR CERVICAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPIC GUIDANCE AT C7-T1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , , 46

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NECK AND UPPER BACK COMPLAINTS Page(s): 46.

**Decision rationale:** The California MTUS addressed the use of cervical epidural steroid injections for the treatment of cervical radiculopathy pain that is non-responsive to conservative management with medications and physical therapy. There should be documentation of the presence of radiculopathy by subjective, objective and radiological findings. The indication for epidural steroid injections is to reduce pain and inflammation, increase range of motion or function, facilitate treatment program and avoid or delay surgery. The record indicates that the employee has completed two cervical spine surgeries and physical therapy. The employee is currently on high dose opioids management. The subjective, objective and radiological findings are indicative of cervical radiculopathy. The employee did meet the criteria for fluoroscopic guided C7-T1 interlaminar cervical epidural steroid injection.