

<b>Case Number:</b>	CM14-0006137		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	06/01/2007
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 claimant is a 49-year-old male who was injured on June 1, 2007. The injury is documented as being secondary to repetitive lifting and the peer is a diagnosis of neck pain with radiculopathy. Previous treatments include medications, physical therapy, and acupuncture. A previous epidural injection was performed in November 2011 which did not provide relief and is documented as worsening the symptoms. A cervical MRI is documented as being performed on January 23, 2013 and showed a central focal disc protrusion at C5-6, but no significant disc folder protrusion at C7-T1. Electrodiagnostic studies are documented as being negative on January 31, 2013. A repeat MRIs cervical spine was performed on February 4, 2013 and documents disc bulging at C4-5. The AME report indicates the claimant has reached maximum medical improvement with the cervical spine impairment rating of 5%. The utilization review in question was rendered on December 16, 2013. The reviewer denies the request noting that the claimant does have evidence of neurologic deficits and radiculopathy on examination; however, this is not corroborated on the MRI or electrodiagnostic studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT CERVICAL EPIDURAL STEROID INJECTION AT THE LEVELS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Chronic Pain Medical Treatment lays out specific criteria that should be met prior to proceeding with epidural steroid injections. Based on clinical documentation provided, the claimant fails to meet criteria. Specifically, the physical exam findings of radiculopathy or not corroborated by imaging or electrodiagnostic studies. Additionally, the previous epidural steroid injection is not providing relief. As such, the request is not medically necessary.