

<b>Case Number:</b>	CM14-0008097		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	04/07/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Orthopedic Surgery and is licensed to practice in 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 injured worker is a 42-year-old male police officer who sustained an injury to his neck on 04/07/13 due to a whiplash injury. The injured worker complained of moderate to severe neck, occipital and bilateral shoulder pain. An MRI of the cervical spine revealed C3-4 acute paracentral herniation with associated spurring. The injured worker now suffers incapacitating neck pain and was placed on modified duty in May 2013, approximately one month after his injury and has been off complete duty since August 1, 2013. Overall, the pain is 80-90% in his neck/shoulders and 10-20% in the deltoids/arms. The injured worker has had chiropractic treatments times six with no benefit. The pain interferes with the injured worker's sleep twice a night.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT RIGHT C5-C6 EPIDURAL STEROID INJECTION (ESI): 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 (ESIs) Page(s): 46.

**Decision rationale:** The request for outpatient right C5-6 epidural steroid injection (ESI) is not medically necessary. The previous request was denied on the basis that diagnosis of a herniated disc must be substantiated by an appropriate finding on imaging study. The presence of findings on imaging study in and of itself does not make the diagnosis for the radiculopathy; therefore, this case does not meet the requisite criteria for radiculopathy to warrant an epidural steroid injection. At present, based on the records provided and the evidence-based guidelines review, the request is not medically necessary. There was no additional significant objective clinical information provided in the records provided that would support certification of the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for outpatient right C5-6 epidural steroid injection has not been established.