

<b>Case Number:</b>	CM14-0108874		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/01/1998
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 64 year old female who sustained a work related injury on 06/01/98 as a result of cumulative injury as result of clerical work to the neck, lower back, shoulder, wrist and hand. Since then, she's had near continuous neck pain. On her most recent medical visits she complains of persistent and significant pain in the suboccipital, inter- and infrascapular regions that is sharp, deep achy with burning, tingling and stabbing. Her pain is 9/10 with medications. Her pain is exacerbated by sitting, standing, walking, lying on her stomach or driving. The pain is less intense with rest. On examination, she had somewhat limited cervical range of motion, generalized and diffuse tenderness in the suboccipital, and bilateral supra clavicular regions with her neuro functioning remaining intact throughout the bilateral upper extremities. A cervical MRI dated 1/30/2014, identifies multi-level degenerative disc disease of C3-4 to C6-7 with multilevel moderate to severe left (C3-4) to bi-foraminal stenosis from C4-5 to C6-7 with a small disc protrusion at C5-6. Her treatment in the past includes medications, physical therapy, chiropractic care and injections. In dispute is a decision for Cervical ESI with Fluroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical ESI with Fluroscopy:** 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 Pain Intervention and Treatments Page(s): 46.

**Decision rationale:** ESI are recommended as an option for treatment of radicular pain that "must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" with the procedure performed under fluroscopy for guidance. Repeated ESI treatment "should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year". The MTUS guidelines are specific as to what must be demonstrated in order to obtain an ESI. Her MRI from 1/30/2014 clearly identifies bi-foraminal stenosis that is moderate to severe. As result, this may be nidus for her radicular symptoms and as result she meets criteria for an ESI. However, per the CA MTUS guidelines only two levels would be considered authorized. However, the request does not designate which levels should undergo the procedure. Therefore, the request is not medically necessary.