

<b>Case Number:</b>	CM14-0010063		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 General 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:

This is a 57-year-old male claimant who sustained an alleged industrial injury on 7/10/13. The claimant has left arm pain and weakness and numbness. The biomechanics of the alleged injury occurred as a result of a rough ride as a truck driver. There has been a referral to for neurosurgical evaluation. The exam documented on 11/23/13 reveals left C6 numbness with weakness of the biceps. There has been a MRI of the cervical spine on 9/18/13 which reveals neuroforaminal narrowing at C56 with mild central canal stenosis. &#8195;

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CERVICAL EPIDURAL STEROID INJECTION PER PR-2 DATED 12/12/2013:**

Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), NECK AND UPPER BACK, 179-182

**Decision rationale:** There are clear red flag findings such as biceps weakness and numbness in the C5 dermatomal distribution documented by the requesting physician that correlates to the MRI findings. Therefore the requested cervical epidural injection is in keeping with ACOEM recommendations and is medically necessary and reasonable.