

<b>Case Number:</b>	CM14-0011255		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/28/1983
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Neurology, and is licensed to practice in California. 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 (IW) is a 62 year old male with a reported date of Injury on 10/28/1983 due to repetitive work duties. The IW has had a cervical MRI from 8/2/2011 revealing a 2 mm disc bulge at C3-C4, and a 3 mm disc bulge at C4-C5. At the C5-C6 level, there is a 4-5 mm posterior rightward bulge with mild to moderate central cord stenosis. At the C6-C7 level, there is a 2-3 mm posterior bulge with mild central canal stenosis. An EMG and nerve conduction studies were performed of the upper extremities on 8/16/2011. The study revealed a radiculopathy at the left C7-C8 level. The most recent neurological examination from 11/5/2013 revealed a decrease in sensation from C5-T1 on the right and C5-C8 on the left. The motor examination of the upper extremities is reported as normal in addition to the reflexes of the upper extremities are also normal bilaterally. The IW has been taking Norco, Nucynta, and Gabapentin for pain control. A previous request for epidural steroid injection at the C5-C6, C6-C7 level with fluoroscopy has been denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EPIDURAL STEROID INJECTION TO THE LEFT C5-C6 AND C6-C7, WITH FLUOROSCOPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIS),

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

**Decision rationale:** The MTUS Chronic Pain Guidelines with regards to epidural steroid injections does not support the use of epidural steroid injections for the treatment of radicular cervical pain as there is insufficient evidence. Based on this reference, the request for an epidural injection at C5-C6 and C6-C7 with fluoroscopy is not medically necessary and appropriate.