

<b>Case Number:</b>	CM14-0112333		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/26/1998
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 59-year-old male was reportedly injured on October 26, 1998. The most recent progress note, dated June 10, 2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated no gross deformity, tenderness to palpation, a normal motor and sensory evaluation of the bilateral upper extremities, and no loss of deep tendon reflexes. Diagnostic imaging studies objectified cervical spine disc desiccation, minimal degenerative disc disease at multiple levels, and ordinary disease of life osteoarthritic changes. Previous treatment included multiple medications, physical therapy, psychotherapy and pain management interventions. A request had been made for epidural steroid injections and was not certified in the pre-authorization process on July 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection right C5-6 and C6-7 with fluoroscopy times 2:** 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 Page(s): 46.

**Decision rationale:** As outlined in the MTUS, epidural steroid injections can be supported when radiculopathy is documented and corroborated on imaging studies and electrodiagnostic studies. The physical examination offers no evidence of a radiculopathy. The MRI does not objectify nerve encroachment. There is no electrodiagnostic assessment of a verifiable radiculopathy. Therefore, based on the parameters noted in the MTUS and by the clinical data presented by the requesting provider, the medical necessity for such an injection therapy has not been established.