

<b>Case Number:</b>	CM14-0117029		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/06/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 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:

This 49 year-old patient sustained an injury on 12/6/11 while employed by [REDACTED]. Request(s) under consideration include Right Transforminal Cervical epidural steroid Injection with Fluoroscopy at C5-C6. Diagnoses include cervical intervertebral disc degeneration/ disc bulging/ stenosis. Report of 4/29/14 from the provider noted the patient with cervical pain that interferes with ADL. Exam showed positive Spurling's with radiating pain in right upper extremity; diffuse decreased cervical range of motion and tenderness over deltoid. Previous report of 1/30/14 noted the patient underwent recent CESI on 12/4/13 with 60% pain relief for about 4 weeks. The request(s) for Right Transforminal Cervical epidural steroid Injection with Fluoroscopy at C5-C6 was non-certified on 6/26/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Transforminal Cervical epidural steroid Injection with Fluoroscopy at C5-C6:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official disability Guidelines, neck and upper back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 47.

**Decision rationale:** This 49 year-old patient sustained an injury on 12/6/11 while employed by [REDACTED]. Request(s) under consideration include Right Transforminal Cervical epidural steroid Injection with Fluoroscopy at C5-C6. Diagnoses include cervical intervertebral disc degeneration/ disc bulging/ stenosis. Report of 4/29/14 from the provider noted the patient with cervical pain that interferes with ADL. Exam showed positive Spurling's with radiating pain in right upper extremity; diffuse decreased cervical range of motion and tenderness over deltoid. Previous report of 1/30/14 noted the patient underwent recent CESI on 12/4/13 with 60% pain relief for about 4 weeks. The request(s) for Right Transforminal Cervical epidural steroid Injection with Fluoroscopy at C5-C6 was non-certified on 6/26/14. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not clearly established here. The patient had undergone previous injections; however, submitted reports have not adequately demonstrated any significant pain relief for adequate length of time or functional improvement from multiple prior injections rendered. Although it was reported the patient sustained 60% pain relief, it only lasted for 4 weeks without demonstrated functional improvement in ADLs, decrease in medication dosing, medical utilization, or work status. The Right Transforminal Cervical epidural steroid Injection with Fluoroscopy at C5-C6 is not medically necessary and appropriate.