

<b>Case Number:</b>	CM14-0118383		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/11/2011
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Orthopedic Surgery 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 is a 53-year-old male who reported an injury on 06/11/2011. The injured worker reportedly sustained a crush injury while installing an appliance. Current diagnoses include status post cervical spine surgery, L5-S1 disc protrusion and L3-5 stenosis. The injured worker was evaluated on 10/14/2013 with complaints of 7/10 neck pain and 8/10 low back pain. Physical examination was not provided on that date. It is noted that the injured worker was pending authorization for a lumbar foraminotomy and microdiscectomy. Previous conservative treatment includes physical therapy, medication management, and rest. Treatment recommendations on that date included an MRI of the cervical spine and a cervical epidural steroid injection. It is noted that a previous MRI of the cervical spine was completed on 11/09/2011, which indicated a 3 mm disc bulge at C6-7 with left neural foraminal stenosis. A request for authorization was not submitted for the current request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cervical Epidural Injection at C6 - 7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** California MTUS Guidelines state "epidural steroid injections are recommended as an option for treatment of radicular pain with use in conjunction with other rehab efforts including home exercise. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no physical examination provided on the requesting date. It is noted that the injured worker is pending an updated MRI of the cervical spine. There is no documentation of a recent exhaustion of conservative treatment. Without objective evidence of radiculopathy, the current request is not medically appropriate. Therefore, the request for a cervical epidural injection at C6-7 is not medically necessary.