

<b>Case Number:</b>	CM14-0124719		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 51-year-old female was reportedly injured on July 27, 2011. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated June 18, 2014, indicates that there are ongoing complaints of neck pain radiating to the left upper extremity and low back pain. The physical examination demonstrated decreased cervical, thoracic and lumbar spine range of motion. There was weakness of the bilateral wrist flexors and triceps as well as weakness of the left extensor hallucis longus. Diagnostic imaging studies a spondylolisthesis with an L5 pars defect and multilevel cervical disc herniations. Previous treatment was not discussed. A request had been made for an epidural steroid injection at C3-C4, C4-C5, and C5-C6 and was not certified in the pre-authorization process on July 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection at C3-C4, C4-C5, and C5-C6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the criteria for epidural steroid injections includes that no more than two nerve root levels should be injected at any one time. As this request is for injections at three levels, this request for an epidural steroid injection at C3-C4, C4-C5, and C5-C6 is not medically necessary.