

<b>Case Number:</b>	CM14-0156164		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	03/21/2006
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Occupational Medicine 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:

There were 135 pages provided for this review. The application for independent medical review was signed on September 17, 2014. It was for a first cervical epidural steroid injection at C7-T1 with a catheter at C5-C7. There was a utilization review from August 21, 2014. The mechanism of injury was not provided. Medicines included a Terocin Lotion 4%. The frequency and application side of the medicines was not provided. Surgical history included cervical discectomy and fusion with instrumentation at C5-C7 in January 2010 and an anterior and posterior revision of fusion at C3-C7 on August 14, 2012. Diagnostic studies showed an MRI of the lumbar spine from February 13, 2014. There were postsurgical changes at L4-L5 consistent with the fusion and some evidence of mild spasm. The patient is post L4-L5 interbody fusion. There is at C7-T1 2 mm broad-based right paracentral disc protrusion. Other therapies included physical therapy and trigger point injections times eight. He is described as a 53-year-old man who was injured back in 2006. The diagnoses were lumbar musculoligamentous injury, lumbar paraspinal muscle spasms, lumbar disc herniation, lumbar radiculitis\radiculopathy of the lower extremities and cervical musculoligamentous injury. As of July 14, 2014, the patient complained of limited range of motion to the neck and arms due to severe muscle spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection (CESI) at C7-T1 with Catheter C5-7: 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): 47 of 127.

**Decision rationale:** The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI do not meet this criterion. The request appears appropriately non-certified based on the above.