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| <b>Case Number:</b>   | CM14-0175006 |                              |            |
| <b>Date Assigned:</b> | 10/28/2014   | <b>Date of Injury:</b>       | 02/19/2008 |
| <b>Decision Date:</b> | 12/04/2014   | <b>UR Denial Date:</b>       | 10/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/22/2014 |

### 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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 2/19/08. A utilization review determination dated 10/7/14 recommends non-certification of cervical ESI. 4/5/14 cervical spine MRI identifies postsurgical changes at C5-6 and mild cervical spondylosis. 9/25/14 medical report identifies neck pain with radiation down the arms in the C4-5, C5-6, and C6-7 distributions, causing dysesthesia, numbness, and tingling. The patient has tried massage, physical therapy (PT), and over the counter (OTC) medication. On exam, there is tenderness, trigger points, and sensory dysesthesia C4-5, C5-6, and C6-7. Cervical transforaminal injections were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral cervical epidural steroid injection at levels C3-4, C4-5, C5-6 under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

**Decision rationale:** Regarding the request for cervical epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for

treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected at one session. Within the documentation available for review, there are no objective examination findings of radiculopathy corroborated by imaging or electrodiagnostic findings. Furthermore, the request for transforaminal injection at three levels exceeds the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested cervical epidural steroid injection is not medically necessary.