

<b>Case Number:</b>	CM14-0029292		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Occupational Medicine has 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 has filed a claim for neck pain reportedly associated with an industrial injury date of September 27, 2013. Thus far, the injured worker has been treated with the following: Analgesic medications; transcutaneous electrical nerve stimulation (TENS) unit; unspecified amounts of physical therapy; MRI imaging of the cervical spine dated October 28, 2013, notable for broad-based disk bulge at C5-C6 4.8 mm; and extensive periods of time off of work. In a Utilization Review Report dated February 12, 2014, the claims administrator denied a request for cervical epidural steroid injection therapy, stating that the injured worker did not have specific dermatomal deficits associated with ongoing cervical radicular complaints. While the claims administrator cited MTUS Guidelines, the claims administrator did not incorporate said guidelines into its rationale, and the injured worker subsequently appealed. In a progress note dated February 6, 2014, the injured worker reported persistent complaints of neck pain with associated sporadic, burning arm pain, numbness and tingling about the right hand. Diffuse tenderness is noted about the cervical spine. The patient was asked to pursue an epidural steroid injection at C5-C6. At this time the patient was placed off of work, on total temporary disability. It appeared, by all accounts, that this was a first-time epidural steroid injection request, as there was no mention of the injured worker having undergone any previous epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EPIDURAL STEROID INJECTION C5-C6 BILATERAL:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the injured worker has some radiographic corroboration for radicular complaints, with a fairly large size disk herniation of 4.8 mm at the level in question, C5-C6. The injured worker does have attendant radicular complaints. The injured worker's radiculopathy has seemingly proven recalcitrant to time, medications, observation, physical therapy, and other conservative measures. It is further noted that guidelines support up to two diagnostic epidural injections. The request in question is a first-time request. As such, the request is medically necessary.