

<b>Case Number:</b>	CM14-0030324		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/18/2001
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 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 70-year-old male who reported an injury on 12/18/2001 due to an unknown mechanism of injury. The injured worker complained of persistent hand problems and neck pain. On 05/28/2003, the physical examination revealed paraspinal muscle tenderness to the cervical spine. There was bilateral trapezius muscle tenderness. The Spurling's maneuver is negative bilaterally. His sensory and motor examinations are intact. The deep tendon reflexes of the upper extremities are 2+ bilaterally and symmetrical. On 02/18/2003, the MRI of the cervical spine revealed that the discs are preserved without evidence of posterior disc bulge or disc herniation at C2-3, C3-4, and C7-T1. There was mild posterior disc bulge measuring 2 mm at C4-5. There was posterior disc protrusion measuring 2 to 3 mm indenting the thecal sac at C5-6. There is a right uncovertebral osteophyte causing moderate narrowing of the right neural foramen at C6-7. The injured worker had diagnoses of cervical strain, lumbar strain, right shoulder impingement syndrome with acromioclavicular joint pain, left knee strain, and metatarsalgia. There is no documentation of any past treatments or conservative care. The current treatment plan was for retrospective request for right C5-7 epidural injection with monitored anesthesia care sedation with date of service 06/27/2003, 7/11/2003, and 07/18/2003. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for right C5-7 epidural injection with monitored anesthesia care sedation with date of service 06/27/03 07/11/03 and 07/18/03: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG).

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

**Decision rationale:** The retrospective request for right C5-7 epidural injection with monitored anesthesia care sedation with date of service 06/27/2003, 7/11/2003, and 07/18/2003 is non-certified. The injured worker has a history of persistent neck pain. The CA MTUS guidelines recommend epidural steroid injections for injured workers with radiculopathy documented on physical examination and corroborated on MRI. The guidelines also recommend that the injured worker be initially unresponsive to conservative care. There is no evidence of neurological deficits. The Spurling's maneuver was negative bilaterally. In addition, there is no documentation of any conservative care. Given the above, the request for retrospective right C5-7 epidural injection with monitored anesthesia care sedation with date of service 06/27/2003, 7/11/2003, and 07/18/2003 is not medically necessary and appropriate.