

<b>Case Number:</b>	CM14-0048473		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/29/2008
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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:

This is a 56 year old male patient with a 1/29/08 date of injury. The exact mechanism of injury has not been described. An addendum on file by [REDACTED] explains that the patient was last seen on 6/14/13 where he had a right paramedian cervical epidural injection for his right arm pain. A procedure note dated 5/1/14 explains a right paramedian cervical epidural steroid injection (ESI) was performed that day at the C7-T1 level. A follow-up note dated 6/6/14 stated that the patient had pain up to that day post cervical ESI. Another addendum states that the patient is currently having weakness in the right bicep. The deltoid and tricep is 4/5 weak compared to the left. Pain radiates down the arm into his thumb, index, and occasionally the fourth and long fingers. An MRI from 11/5/08 mulitple levels of cervical spondylosis and foraminal narrowing bilaterally at C4-5 and C5-6 on the right, and to the left at C6-7. Treatment to date has been cervical epidural steroid 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 QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-127.

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

**Decision rationale:** The California MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, the California MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. The medical documents provided do not mention any conservative treatment, nor was there any mention of any pain medication reduction from previous ESI treatment. Furthermore previous cervical ESI treatments do not specify at what levels the injections were targeted at. Therefore the request for cervical epidural injection is not medically necessary.

**Fluoroscopy for request CESI QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Moderate sedation for requested CESI QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.