

<b>Case Number:</b>	CM14-0049280		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 50 year old male who sustained a back injury 3 years ago when he slipped and fell. The employee has been dealing with chronic pain issues ever since. An MRI has shown degenerative disc disease and facet arthropathy of the cervical and thoracic spine. Additionally, he has stenosis of almost the entire cervical spine. He has spondylolisthesis at L4-L5 and L5-S1, and thoracic disc herniations at T1-T2 and T3-T4. He complains of radiating pain from his neck to his upper extremities. He is currently taking Norco, Elavil, and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left epidural steroid injection C3-4, C4-5, C5-C6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Use of epidural steroid injections Page(s): 46.

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

**Decision rationale:** The chronic pain guidelines do recommend ESI's for pain with radiculopathy. The employee chart has documentation consistent with doing a trial of ESI's. However, the above referenced guidelines state that, "No more than two nerve root levels should

be injected using transforaminal blocks." Therefore, left interlaminar epidural steroid injection, C3-4, C4-5, C5-C6 are not medically necessary.