

<b>Case Number:</b>	CM14-0051097		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/25/2005
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Emergency 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:

The injured worker is a 58 year-old male, who sustained an injury on February 25, 2005. The mechanism of injury occurred during his customary duties of shipping and receiving. Diagnostics have included: Cervical MRI dated July 27, 2010, was reported as showing C5-6 moderate to severe degenerative disc disease with a posterior disc protrusion with stenosis and effacement of the spinal cord. Treatments have included: medications, physical therapy, October 7, 2013 cervical epidural steroid injection. The current diagnoses are: lumbar radiculopathy, L5-S1 disc bulge, cervical radiculopathy, C5-6 disc bulge. The stated purpose of the request for cervical epidural injection at the left C5-C6 under fluoroscopic guidance as outpatient, was not noted. The request for cervical epidural injection at the left C5-C6 under fluoroscopic guidance as outpatient, was denied on March 28, 2014, citing a lack of documentation of derived improvement of pain and function as well a decreased need for medication from a previous cervical epidural steroid injection. Per the report dated March 14, 2014, the treating physician noted complaints of pain and numbness to the left arm, left hand and left leg. The treating physician documented 60-75% relief from a previous cervical epidural injection from October 7, 2013 to approximately early March 2014. Exam findings included a positive Spurling's sign, decreased left arm sensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Injection at the Left C5-C6 Under Fluoroscopic Guidance as outpatient:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS 7/18/09) p. 46, "Epidural steroid injections (ESIs)" Page(s): 46.

**Decision rationale:** The requested cervical epidural injection at the left C5-C6 under fluoroscopic guidance as outpatient, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS 7/18/09) Chronic Pain Medical Treatment Guidelines, page 46, "Epidural steroid injections (ESIs)" note in regard to repeat injections: "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The injured worker has pain and numbness to the left arm, left hand and left leg. Exam findings included a positive Spurling's sign, decreased left arm sensation. Cervical MRI dated July 27, 2010, was reported as showing C5-6 moderate to severe degenerative disc disease with a posterior disc protrusion with stenosis and effacement of the spinal cord. This request was denied on March 28, 2014, citing a lack of documentation of derived improvement of pain and function as well a decreased need for medication from a previous cervical epidural steroid injection. The treating physician has documented 60-75% relief from a previous cervical epidural injection from October 7, 2013 to approximately early March 2014. However, the treating physician did not document any objective evidence of even temporary functional improvement, including a lack of documented reduction in pain medication usage. The criteria noted above have not been met. Therefore, the request for cervical epidural injection at the left C5-C6 under fluoroscopic guidance as outpatient is not medically necessary.