

<b>Case Number:</b>	CM14-0052528		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/22/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 California, has a subspecialty in Physical Medicine and Rehabilitation and is licensed to practice in Pain Management. 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 49-year-old male with a 04/22/2011 date of injury. A specific mechanism of injury was not described. A 8/26/14 determination was non-certified given the absence of objective signs of active nerve root irritation. The 4/18/14 medical report identified right neck pain, lower greater than upper, with bilateral upper extremity numbness and paresthesias. The pain is rated 7-8/10. Exam revealed tenderness over the bilateral paraspinals muscles. Muscle stretch was 1+ and symmetric in the bilateral upper extremities. Muscle strength 5/5 in the upper extremities. It was noted that the previous injection provided 70% relief for 2 years. Reported cervical spine of 8/2/11 revealed a C6-7 disc protrusion causing severe left foraminal stenosis and mild effacement of the cord. The formal report was not available for review. Treatment to date includes medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat fluoroscopically guided left C6-C7 cervical transforaminal epidural steroid injection (ESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** A 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, 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 patient had a previous epidural injection in 2001 with reported 70% improvement for two years. However, there were no objective finding of cervical radiculopathy on exam. In addition, despite reported C6-7 disc protrusion causing severe left foraminal stenosis and flattening of the cord, the formal report was not included for review. In addition, the study was from 2011 and there were no updated studies provided. The medical necessity was not substantiated.