

<b>Case Number:</b>	CM14-0072586		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/08/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Massachusetts. 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:

According to the records available for review, the patient is a 57-year-old with mechanism of injury described as repetitive movement at work. The patient subsequently developed cervical pain and upper extremity pain. The date of injury is March 8, 2010. The results of the MRI, (undated) indicate right C6 -C7 disc protrusion with C5-C6 posterior lateral osteophytes and bilateral C5-C6 neuroforaminal narrowing, C7-T1 anterolisthesis with mild narrowing at C7 foramina. No neural impingement. A request for cervical epidural steroid injection was requested and denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right C7-T1 cervical translaminar epidural injection under fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section 9792.20, Effective July 18, 2009. Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments, Epidural Steroids Page(s): 46.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Epidural Steroids are recommended as an option for treatment of radicular pain (defined as pain in

dermatome distribution with corroborative findings of radiculopathy). According to the documents available for review, the patient does endorse both cervical pain as well as right upper arm pain and this pain does appear to be corroborated by his imaging studies. It is not clear from his records however that he has had a trial of conservative treatment. In fact, the note dated March 5, 2014 indicates that the treating physician would like a trial of physical therapy after his injection. This is in contrast to the recommendations from the Chronic Pain Medical Treatment Guidelines, which indicates that physical therapy would be considered a conservative treatment that should be exercised prior to injection therapy. Therefore, the request for a right C7-T1 cervical translaminar epidural injection under fluoroscopy is not medically necessary or appropriate.