

<b>Case Number:</b>	CM14-0079129		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/02/1987
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Physical Medicine and Rehabilitation 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 patient is a 64 year old female with date of injury 6/2/87. The treating physician report dated 3/6/14 indicates that the patient presents with chronic neck and back pain. MRI scans of the cervical, thoracic and lumbar spine from 4/23/13 reveal multi-level degenerative changes according to the treating physician. 1.Cervical spondylosis 2.Lumbar Spondylosis 3.Injury to the shoulder girdle 4.Thoracic spondylosis The utilization review report 4/30/14 denied the request for cervical epidural steroid injection at C7-T1 based on lack of supporting documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection (CESI) at the C7-T1 levels, under fluoroscopic guidance, as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) (MTUS pgs 46, 47) Page(s): 46, 47.

**Decision rationale:** The patient presents with chronic neck and back pain with no documentation of any radicular complaints. The current request is for cervical epidural steroid injection (CESI) at the C7-T1 levels, under fluoroscopic guidance, as outpatient. The 68 pages

available for review do not provide a report directly requesting the cervical ESI. There is a report that states, Routine follow up essentially all treatment is being denied options of recommended treatment denied by insurance company symptoms worse. Including ESI cervical and lumbar and prescription medications. Limited back flexion limited range of motion cervical spine. The MTUS Guidelines support ESI injections and require a clear diagnosis of radiculopathy for ESI. There is no diagnosis of radiculopathy, no examination findings of radiculopathy and no corroborating MRI findings to support a diagnosis of radiculopathy. The request for Cervical Epidural Steroid Injection (CESI) at the C7-T1 Levels, Under Fluoroscopic Guidance is not medically necessary.