

<b>Case Number:</b>	CM14-0089311		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/29/2009
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Nevada. 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 records presented for review indicate that this 41 year-old female was reportedly injured on 5/29/2009. The mechanism of injury is not listed. The most recent progress note dated 3/4/2014, indicates that there are ongoing complaints of neck pain with radiation to the left upper extremity and left hand weakness. Physical examination demonstrated tenderness to cervical paraspinal musculature; guarded cervical range motion; weakness of the left hand extrinsics with remaining motor testing normal; sensory intact. Plain radiographs of the cervical spine demonstrated a solid and stable fusion with moderate degenerative disease below the level of the fusion. MRI of the cervical spine dated 2/20/2012 demonstrated mild facet arthropathy at C3-C4; hardware artifact at C4-C5; disk osteophyte complex with moderate thecal sac effacement at C5-C6; disk osteophyte complex with moderate thecal sac effacement, right mild foraminal stenosis and degenerative disk disease at C6-C7; and a small left far lateral protrusion at C7/T1. Previous treatment includes medications: Norco, Tizanidine, Imitrex and Gabapentin. A request was made for a left C6-C7 epidural steroid injection under fluoroscopy and was not certified in the utilization review on 5/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One left C6-7 epidural steroid Injection under fluoroscopy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46 of 127.

**Decision rationale:** MTUS Guidelines support cervical epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative treatment. Review of the available medical records, documents conservative treatment has consisted of only medications. The claimant has not undergone physical therapy; therefore, this request is not considered medically necessary.