

<b>Case Number:</b>	CM14-0091160		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Medicine and is licensed to practice in Texas. 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 61 year old male whose date of injury is 03/29/2011. The mechanism of injury is not described. Progress report dated 01/31/14 indicates that the injured worker complains of neck and low back pain. On physical examination Spurling's is positive to the right. The dorsum of the hand has diminished sensation. Diagnoses are cervical degenerative arthrosis, status post bilateral shoulder surgeries, L4-5 disc herniation, cervical spine discopathy with right sided radiculopathy, lumbar spine discopathy with right sided radiculopathy, status post left hernia repair, and left knee chondromalacia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Epidural injection at C5-6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

**Decision rationale:** Based on the clinical information provided, the request for epidural injection at C5-6 is not recommended as medically necessary. There is no comprehensive assessment of

treatment completed to date or the patient's response thereto submitted for review. CAMTUS guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The most recent physical examination submitted for review is over 4 months old, and there are no imaging studies/electrodiagnostic results submitted for review.