

<b>Case Number:</b>	CM13-0029333		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	08/05/2005
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 54-year-old male with an industrial injury dated 08/05/2005. The mechanism of injury was documented as a desk he was disassembling fell on his head and twisted his neck. According to submitted medical records which are dated 08/2013 thru 02/2014, the injured worker was complaining of neck pain radiating to bilateral upper extremities and upper back. He had been treated with medications. On the progress note dated 02/18/2014 the provider notes the injured worker may benefit from lumbar epidural steroid injection or cervical facet radio frequency ablation. Diagnosis: Cervical degenerative disc disease, Shoulder impingement, Thoracic sprain/strain, Shoulder, joint pain. On 08/30/2013 the request for bilateral cervical 7- thoracic 1 interlaminar epidural steroid injection was non-certified by utilization review. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C7-T1 Interlaminar epidural steroid injection x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** Guidelines recommend epidural steroid injections for radiculopathy corroborated by imaging or electro diagnostic testing, patients initially unresponsive to conservative treatment, injections of no more than two nerve roots, no more than one interlaminar level should be injected, and repeat blocks should only be done if at least 50% pain relief is achieved. In this case, there is no clearly documented exam, MRI findings or treatment history given to support interlaminar epidural steroid injections. Thus, the request for C7-T1 interlaminar epidural steroid injection is not medically appropriate and necessary.