

<b>Case Number:</b>	CM14-0009501		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 15, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier single-level cervical discectomy and fusion surgery; unspecified amounts of physical therapy; cervical MRI imaging of July 9, 2013, notable for evidence of a C6-C7 anterior cervical disk fusion with mild degenerative disk disease and associated moderate left-sided neuroforaminal stenosis at C5-C6; and extensive periods of time off of work. In a Utilization Review Report dated December 20, 2013, the claims administrator failed to approve request for a cervical epidural steroid injection, stating that it did not accord much weight to the attending provider's report of/interpretation of MRI findings and further stating that it did not believe that there was bona fide evidence of radiculopathy here. The claims administrator stated that its decision was based on a progress note dated October 31, 2013. The applicant's attorney subsequently appealed. In a supplemental report dated January 20, 2013, it was suggested that the applicant's neck and back pain issues were the result of an industrial motor vehicle accident. On February 20, 2013, the applicant underwent a C6-C7 anterior cervical discectomy and fusion surgery. On September 18, 2013, the applicant reported ongoing complaints of neck pain. It was stated that the applicant's left hand and left thumb dysesthesias had subsided. A negative Spurling maneuver and limited cervical range of motion were appreciated. The attending provider suggested that the applicant pursue an epidural steroid injection at C5-C6 on the grounds that physical therapy had not been beneficial. The applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection C5-6 QTY: 1.00:** Upheld

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

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

**Decision rationale:** While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, in this case, however, the applicant no longer had any active radicular complaints on or around the date the cervical epidural steroid injection in question was requested, on September 18, 2013. On this date, the requesting provider acknowledged that the applicant's left arm dysesthesias had subsided and essentially resolved. It was stated that cervical spine symptom was the applicant's greatest residual complaint. It did not appear, thus, that the applicant is a candidate for cervical epidural steroid injection therapy, given the seeming absence of radicular complaints here. Accordingly, the request is not medically necessary.