

<b>Case Number:</b>	CM14-0170588		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	12/14/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old male, who sustained an industrial injury on 12/14/12. He has reported pain in left side of the head and neck related to a crushing injury. The diagnoses have included vertigo, headaches, depression and cervical sprain. Treatment to date has included cervical MRI, sleep study, EMG/NCV studies and oral medications. As of the PR2 dated 6/30/14, the injured worker reports 8/10 cervical pain and persistent headaches. He also reports anxiety and depression. The treating physician noted tenderness in the cervical spine with range of motion. The treating physician requested a cervical epidural injection left C5-C6. On 9/19/14 Utilization Review non-certified a request for a cervical epidural injection left C5-C6. The utilization review physician cited the MTUS guidelines for epidural injections. On 10/14/14, the injured worker submitted an application for IMR for review of a cervical epidural injection left C5-C6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Injection Left C5-6 x1:** 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 injections Page(s): 46.

**Decision rationale:** Due to the undercertain benefits from epidural injection's the MTUS Guidelines have very specific criteria to justify their use. These criteria include a clear clinical radiculopathy that corresponds with testing results. These criteria are not met. MRI studies reveal slight foraminal stenosis on the left (C5-6) that would affect the C6 nerve. The requesting physician documents decreased sensation over the middle fingers which would be the C7 nerve. In additio,n several physical exams by Neurologists have not found a radiculopathy and concluded that his subjectives and objective findings in his upper extremities were non-anatomical. Under these circumstances, the request for a left sided C5-6 epidural injection is not supported by Guidelines and is not medically necessary.