

<b>Case Number:</b>	CM14-0185121		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	04/17/2007
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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: Texas, New York, 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 applicant is a represented 65-year-old [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 17, 2007. In a Utilization Review Report dated October 17, 2014, the claims administrator failed to approve a request for a cervical epidural steroid injection. An October 7, 2014 progress note was referenced in the determination. The claims administrator stated that the applicant did not have compelling evidence of radiculopathy and further noted that the attending provider had failed to explicitly state an injection level. The applicant's attorney subsequently appealed. On October 7, 2014, the applicant reported ongoing complaints of neck pain radiating to the bilateral arms. Mid back pain, depression, and anxiety were also evident. The applicant had undergone earlier cervical fusion surgery. The applicant was asked to continue Vicodin. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place. In a subsequent progress note dated November 18, 2014, the attending provider reiterated his request for the epidural steroid injection in question. It was not stated whether the applicant had or had not had prior epidural steroid injection therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection (ESI): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** No, the request for a cervical epidural steroid injection was not medically necessary, medically appropriate, or indicated here. 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, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that evidence of radiculopathy should be radiographically and/or electrodiagnostically confirmed. Here, however, the attending provider did not state whether the applicant's radiculopathy had or had not been electrodiagnostically confirmed. The attending provider did not state whether the applicant had or had not had prior epidural steroid injection therapy over the course of the claim. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks, here, it was not stated whether the block in question was a first-time block or a diagnostic block. Therefore, the request was not medically necessary.