

<b>Case Number:</b>	CM14-0192341		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 8/8/13. Utilization review determination dated 10/21/14 recommended non certification for the requested Interlaminar epidural steroid injection at C5-6, stating that the documentation reviewed implied that the patient had an ESI on 4/24/14 with only mild relief and that neck pain on 9/17/14 was rated at a 7/10 which is not greater than a 50% improvement as required by guidelines to authorize a second injection. A progress report dated 9/17/14 indicates the patient presents for follow up neck pain, he currently complains of neck pain rated at a 7/10. He reports aching in his neck and pins and needles in his last 3 digits of the left hand. He complains of dizzy spells and headaches, anything requiring him to turn his neck increases pain. History reports patient had an epidural steroid injection in April of 2014 and had mild pain relief, patient has also tried Tylenol with mild relief, Advil and Aleve which causes constipation, and ongoing physical therapy with moderate relief, Lidopro cream with temporary relief and Norco which helps him relax and eases pain. Objective findings indicate sensation is intact, left interossei is 4/5, Left deltoid, biceps, IR, ER, wrist flexion, triceps and finger extensors are 4+/5, Bilateral biceps, brachioradialis and triceps are mildly hyporeflexic. Diagnoses, Cervical stenosis and Cervical radiculopathy. Treatment plan indicates a request for ESI at C5-6 for diagnostic and therapeutic reasons is requested and Norco and Orudis are refilled. A note dated 10/21/14 discusses an MRI of the cervical spine done on 9/26/14. Although the MRI itself is not available for review the summary of findings include Cervical Spinal Stenosis and Cervical disc displacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient interlaminar epidural steroid injection (ILESI) at C5-6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

**Decision rationale:** Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are recent physical examination findings supporting a diagnosis of radiculopathy. However, the MRI does not clearly support radiculopathy at the proposed level of the epidural steroid injection, and EMG nerve conduction study is not available for review. Additionally guidelines require a 50% reduction of pain and a decrease in medication usage after initial injection in order to justify a second injection. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.