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| <b>Case Number:</b>   | CM14-0196674 |                              |            |
| <b>Date Assigned:</b> | 12/04/2014   | <b>Date of Injury:</b>       | 10/14/2011 |
| <b>Decision Date:</b> | 01/23/2015   | <b>UR Denial Date:</b>       | 10/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/24/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 52 year old female who was injured on 10/14/2011. The diagnoses are cervicalgia, cervical spine stenosis, migraine, cervical spondylosis, and shoulder and neck pain. The treatments completed are chiropractic, acupuncture, epidural steroid injections and medications management. The 2013 MRI of the cervical spine showed multilevel disc bulges at C4-C5 and C5-C6 with neural foraminal narrowing. On 10/24/2014, medical provider noted subjective complaint of neck pain radiating to bilateral upper extremities associated with headache and weakness of the right hand. There was objective findings of positive Spurling's sign and decreased range of motion of the cervical spine. On 11/ 7/2014, provider noted that the neck pain is associated with numbness, paresthesia and weakness of the right hand. It was noted that the pain had increased to 8/10 and was associated with insomnia and decreased activities of daily living (ADL). On 11/24 /2014, provider noted that the patient reported significant pain relief following previous epidural steroid injections. The medications are Lexapro and Pantoprazole. A Utilization Review determination was rendered on 10/31/2014 recommending non-certification for C5, C6 transforaminal steroid injection with MBB.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient steroid injection with medical branch block C5-6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain injections can be utilized for the treatment of severe cervical radiculopathy that did not respond to standard treatment with medications and physical therapy (PT). The records indicate that the patient had subjective, objective and radiological findings consistent with cervical radiculopathy. There is symptomatic deterioration despite medication management and PT. There is documentation of significant pain relief following previous cervical epidural injections. The criterion for transforaminal steroid injection with medial branch block C5-C6 MBB was met. Therefore, the request for outpatient steroid injection with medial branch block C5-6 is medically necessary and appropriate.