

<b>Case Number:</b>	CM14-0201572		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 January 26, 2012. In a Utilization Review Report dated November 24, 2014, the claims administrator failed to approve a request for a cervical epidural steroid injection. The claims administrator did reference the applicant's having undergone earlier cervical fusion surgery on May 7, 2012. The claims administrator referenced a November 15, 2014 progress note in its denial. The claims administrator stated that there was no evidence that the applicant had failed conservative treatment, although the applicant was some two years removed from the date of injury as of the date of the request. The claims administrator did reference a cervical MRI study of April 30, 2012 which demonstrated right-sided extrusion at C6-C7 with associated nerve root impingement as well as multilevel neuroforaminal narrowing, at times moderate to severe. The claims administrator did not state whether the request was for a request for first-time epidural block or repeat block. The applicant's attorney subsequently appealed. In a May 21, 2014 spine surgery consultation, the applicant reported persistent complaints of neck pain. The attending provider did note that the applicant had persistent complaints of neck pain radiating to the bilateral upper extremities. X-rays taken suggested that a C6-C7 cervical fusion procedure had healed appropriately. The attending provider stated that the applicant had progressive upper extremity radiculopathy at the C4-C5 and C5-C6 levels. The attending provider posited that the applicant had developed adjacent segment disease. An updated cervical MRI was sought. On September 9, 2014, the applicant reported persistent complaints of neck pain radiating to the left upper extremity. Limited range of motion was noted about the cervical spine with weakness about certain aspects of the left upper extremity musculature. Hyposensorium was noted about the left side. MRI imaging and oral steroids were endorsed. On November 13, 2014, the attending provider noted that the

applicant had persistent complaints of neck pain radiating to the bilateral upper extremities, left greater than right. MRI imaging of the cervical spine dated November 10, 2014 apparently demonstrated multilevel stenotic changes and/or lesions at C4-C5 and C5-C6, moderate to severe. The earlier C6-C7 operative site looked clear. An epidural steroid injection was endorsed. The attending provider stated that the next step here would be an adjacent segment fusion surgery if the epidural proved unsuccessful.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cervical epidural steroid injection (left C5-C6):** Overturned

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

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the applicant does seemingly have radiographic corroboration of radiculopathy at the level in question, C5-C6. The applicant has ongoing complaints of neck pain radiating to the bilateral arms, left greater than right. The request in question, furthermore, appears to represent a first-time request for epidural steroid injection therapy following an earlier cervical fusion surgery in 2012. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks. Therefore, the first-time request for a cervical epidural steroid injection is medically necessary.