

<b>Case Number:</b>	CM15-0007682		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	12/13/2013
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Arizona, California  
Certification(s)/Specialty: Family Practice

### 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 39-year-old male who suffered a work related injury on 12/13/13. The claimant was diagnosed with C5-C6 disc degeneration. An examination of the cervical spine in October 6, 2014 indicated no gross abnormalities. Per the physician's report from 12/03/14, he complains of constant neck pain which radiated to his left arm and constant left sided low back pain which radiates to his left buttock and down his leg to his foot. He has received chiropractic treatments, physical therapy, acupuncture, oral medications, including nonsteroidals. The requested treatment is a cervical ESI for pain relief. On 12/12/14, the Claims Administrator non-certified the Cervical ESI, citing MTUS guidelines. The non-certified treatment was subsequently appealed for Independent Medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid/Anesthetic injection: CESI C5-6 to the cervical spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**Decision rationale:** According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The exam findings did not correlate with the subjective complaints that would support the need for an ESI. The request for cervical epidural steroid injections is not medically necessary.