

<b>Case Number:</b>	CM15-0008989		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/28/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old male, who sustained an industrial injury on July 28, 2010. He reported headaches, back pain and carpal tunnel symptoms. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, status post three lumbar fusions, major depression, anxiety, chronic low back pain, chronic headaches and extremity pain. Treatment to date has included radiographic imaging, diagnostic studies, multiple lumbar fusions, conservative therapies, psychological therapies, medications and work restrictions. Currently, the injured worker complains of intermittent left-sided weakness, numbness and tingling and severe headache. The injured worker reported an industrial injury in 2010, resulting in the above noted chronic pain. He has been treated conservatively and surgically without resolution of the pain. He was noted to develop severe depression and anxiety with noted associated symptoms secondary to chronic pain. Evaluation on July 9, 2014, revealed continued pain with weakness and numbness on the left side. Computed tomography of the head revealed no acute abnormalities. It was noted at this time he suffered from chronic headaches however had went a while without them until recently. He reported them as severe. No neck stiffness was noted. Examination on January 7, 2015, revealed continued pain noted as all over and severe. He was being treated by psychiatry and pain management. Medications were renewed and modified and other treatments were discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient C5-C6 Cervical Steroid Injection, Epidurography and Monitored Anesthesia Care:** 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 Epidural steroid injections Page(s): 46.

**Decision rationale:** The injured worker is being treated for chronic neck and back pain complicated by depressive symptoms. With regards to neck pain, cervical MRI performed on 7/9/14 and compared with cervical MRI from 2/25/07 indicates evidence of new C6-7 disc herniation causing spinal canal and foraminal narrowing in addition to spondylitic changes at C4-5 and C5-6 causing foraminal stenosis. Records indicate symptoms of neck pain radiating to bilateral shoulders made worse with cervical rotation. Physical examination reveals impaired cervical range of motion, motor and sensory exam is normal in the upper extremities, reflexes are equal and symmetric bilaterally except for diminished light touch over C5 and C6 dermatomes. Request is being made for C5-6 cervical steroid epidural injection with sedation. However, utilization review report indicates criteria for radiculopathy were not met due to lack of examination findings. Records do in fact indicate documented physical exam findings cooperated by imaging conclusive of radiculopathy. In addition, records demonstrate lack of responsiveness to conservative treatment. As the cited criteria for use of epidural steroid injections have been met, the request is medically necessary.