

<b>Case Number:</b>	CM15-0106062		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	03/20/2001
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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:

This 59-year-old male sustained an industrial injury on 3/20/01. He subsequently reported Diagnoses include HNP of the cervical and lumbar spine. Treatments to date include x-ray and MRI testing, injections, physical therapy, chiropractic care and prescription pain medications. The injured worker continues to experience low back, neck, bilateral leg and hip pain. Upon examination, tenderness to palpation was noted on cervical and lumbar paraspinals. Right-sided Spurling's test causes radiation and tingling down the arm to the hand. Decreased sensation right C6 dermatome noted. Straight leg rising testing was negative bilaterally. The treating physician made a request for Outpatient C4-5 and C5-6 interlaminar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient C4-5 and C5-6 interlaminar epidural steroid injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 47.

**Decision rationale:** Review indicates the cervical epidural steroid interlaminar injection was modified to certify for either one level. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and for delay of surgical intervention; however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electro diagnostic testing, not consistent bilaterally with symptoms and clinical findings. The patient is s/p cervical fusion. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic injury of 2001. Criteria for the two level interlaminar epidurals have not been met or established. The Outpatient C4-5 and C5-6 interlaminar epidural steroid injection is not medically necessary and appropriate.