

<b>Case Number:</b>	CM15-0133328		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	06/04/2001
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 47-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 4, 2001. In a Utilization Review report dated July 7, 2015, the claims administrator failed to approve a request for a cervical epidural steroid injection. The claims administrator referenced a June 16, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said June 16, 2015 progress note, the applicant reported ongoing complaints of neck pain. The applicant had undergone earlier cervical fusion at C5-C7, it was reported. X-rays demonstrated severe disk space loss at C4-C5, it was reported. CT myelography demonstrated residual compression at the C4-C5 nerve root with disk-osteophyte complex at both C3-C4 and C4-C5, it was reported. The applicant was asked to undergo a transforaminal selective nerve root block at C4-C5. The applicant reported neck pain with right upper extremity radicular complaints, it was reported toward the top of the report. The attending provider stated that this injection could be construed as a diagnostic epidural injection request. Flexeril, Prilosec, Terocin, and Mobic were endorsed. The requesting provider was an orthopedic spine surgeon, it was suggested. The CT myelogram in question had been performed on May 18, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal right C4-C5 epidural steroid injection:** Overturned

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

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

**Decision rationale:** Yes, the proposed cervical epidural injection at C4-C5 was medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the attending provider did seemingly suggest that CT myelography of May 18, 2015 was positive and did establish the presence of nerve root impingement at the C4-C5 level in question. The requesting provider further stated that the request in question could be construed as a diagnostic epidural injection as it could possibly influence the need to extend a cervical fusion to the level in question. The requesting provider was a spine surgeon. The requesting provider seemingly stated that the request in question represented a first-time request for epidural injection therapy following earlier cervical fusion surgery. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks. Therefore, the request was medically necessary.