

<b>Case Number:</b>	CM15-0143682		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, Pain Management

### 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 58 year old male sustained an industrial injury on 6-14-13. He subsequently reported back and neck pain. Diagnoses include sprain of the neck and lumbar sprain. Treatments to date include MRI testing and prescription pain medications. The injured worker continues to experience lumbar back pain that radiates to the bilateral lower extremities and cervical back pain that radiates to the bilateral upper extremities. Upon examination, there is myospasms with myofascial trigger point to bilateral levator scapulae, trapezii, rhomboids and cervical paraspinous. Lumbar and cervical range of motion is restricted. A request for Catheter-directed cervical ESI, bilateral C5-C6 was made by the treating physician. A progress note dated July 2015 recommends an MRI of the cervical spine. The note is largely illegible. A progress report dated June 5, 2015 mentions an MRI from 2014 identifying central canal stenosis from C2 to C4 and foraminal stenosis at C3-4 on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Catheter-directed cervical ESI, bilateral C5-C6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

**Decision rationale:** Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no recent subjective complaints or physical examination findings supporting a diagnosis of radiculopathy, no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy at the proposed treatment levels, and no documentation of failed conservative treatment. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.