

<b>Case Number:</b>	CM15-0143956		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	09/07/2009
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/23/2015
<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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 60 year old female, who sustained an industrial injury on September 7, 2009. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, neck brace, cervical epidural injection and MRI. Currently, the injured worker complains of increased neck pain (left greater than right) with range of motion and is rated at 5 on 10. The injured worker is diagnosed with cervical disc degeneration, cervical facet arthropathy and cervical radiculopathy. In a progress note dated July 16, 2015, it states the injured worker experienced right sided pain relief from the cervical epidural injection. Due to experienced efficacy from the previous right side cervical injection, a left C4-C5 and C6-C7 epidural steroid injection is requested for management of her neck pain and sensory loss of the left upper limb.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C4-5 and C6-7 Epidural Steroid Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46.

**Decision rationale:** Regarding the request for Left C4-5 and C6-7 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), radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Guidelines also state no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. Within the documentation available for review, there are recent physical examination findings supporting a diagnosis of radiculopathy at the requested nerve levels, MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy, but no documentation of failed conservative treatment. In the absence of such documentation, the currently requested Left C4-5 and C6-7 Epidural Steroid Injection is not medically necessary.