

<b>Case Number:</b>	CM15-0144679		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	05/03/1994
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Massachusetts

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:

The injured worker is a 71-year-old male, who sustained an industrial injury on 5-3-1994. He reported a neck injury from a fall and subsequently underwent a cervical fusion in 2002. Diagnoses include cervical post laminectomy syndrome, status post fusion, cervical radiculopathy, neuroforaminal narrowing, and disc disorder with radiculopathy. Treatments to date include activity modification, NSAID, Suboxone, Gabapentin, physical therapy, and an epidural steroid injection noted last administered in 1999 with good relief of pain. Currently, he complained of neck pain with radiation to bilateral upper extremities. Pain was rated 2 out of 10 VAS at best and 10 out of 10 at most severe. On 6-17-15, the physical examination documented cervical tenderness, decreased reflexes in the left upper extremity, and decreased left hand strength. The provider documented fusion C3 through C6 with disc protrusion and narrowing at level C6-C7. The plan of care included left C6-C7 interlaminar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C6-C7 Interlaminar Epidural Steroid Injection:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Criteria for the use of Epidural steroid injections, Page(s): 46.

**Decision rationale:** The claimant sustained a work-related injury in May 1993 and underwent cervical spine surgery in 2002 with a multilevel anterior cervical decompression and fusion. When seen, he was having neck pain and left greater than right upper extremity radicular symptoms. There was decreased cervical spine range of motion. There was decreased upper extremity sensation and decreased left upper extremity reflexes responses were present. An MRI of the cervical spine in December 2013 included findings of multilevel foraminal narrowing and a right lateralized C7/T1 disc herniation. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, the requesting provider documents decreased upper extremity sensation and reflex responses and imaging is consistent with radiculopathy. The claimant has not had an epidural steroid injection since undergoing surgery more than 10 years ago and this would be considered an initial diagnostic injection. The criteria are met and the requested epidural steroid injection is considered medically necessary.