

<b>Case Number:</b>	CM15-0183856		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	02/22/2007
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 52-year-old female, who sustained an industrial injury on 2-22-07. The documentation on 8-31-15 noted that the injured worker has complaints of neck pain with occasional radiating arm symptoms and back pain. The documentation noted that the injured worker was walking with a cane and has some diffuse weakness in the lower extremities. magnetic resonance imaging (MRI) of the cervical spine showed fusion from C5-6, at the adjacent level of C4-5, a disc bulge with mild-to-moderate stenosis in both central and lateral foraminal channels at C4-5. Magnetic resonance imaging (MRI) of the lumbar spine on 4-18-15 showed at L1-2, L3-4, L4-5 and L5-S1 (sacroiliac) there appears to be solid anterior and posterior lateral fusion and there is no canal or foraminal stenosis and there is no evidence for arachnoiditis. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified and cervical fusion. Treatment to date has included advancement of her lumbar fusion; physical therapy for her neck and home exercise program. The original utilization review (9-15-15) non-certified the request for C4-5 CES (cervical epidural steroid injection).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4-5 CES (cervical epidural steroid injection): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), [www.odg-twc.com](http://www.odg-twc.com): Section: Neck and Upper Back (Acute & Chronic) (updated 6/25/2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** In this case, the claimant has undergone a prior cervical fusion but there is no mention of nerve root involvement at the current state. The physical findings are not consistent with cervical radiculopathy. Based on the guidelines criteria, the request for a cervical ESI is not medically necessary.