

<b>Case Number:</b>	CM15-0199299		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	02/16/2015
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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:

This is a 52 year old male who sustained an industrial injury on 2-16-2015. A review of the medical records indicates that the injured worker is undergoing treatment for degeneration of cervical intervertebral disc, cervicgia, cervical spondylosis with myelopathy, unspecified myalgia and myositis, lumbago and thoracic or lumbosacral neuritis or radiculitis unspecified. According to the progress report dated 8-21-2015, the injured worker complained of neck pain radiating to his bilateral upper extremities, bilateral hand pain and low back pain. He reported pain shooting down the left side of his arm into the fingertips. He rated his pain as 6 out of 10 with medications and 9 out of 10 without medications. The physical exam (8-21-2015) revealed pain with range of motion of the cervical spine with spasm over the bilateral cervical paravertebral, trapezius and rhomboid muscles. There was tenderness over the facet joints at C4-C7 bilaterally with positive provocation test. Treatment has included physical therapy, and medications (Advil). The treatment plan (8-21-2015) was for cervical epidural steroid injection. The request for authorization was dated 8-11-2015. The original Utilization Review (UR) (9-9-2015) denied a request for an epidural steroid injection at C4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid Epidural Injection C4-5, Cervical Spine: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** According to the guidelines, epidural injections are indicated for those with radiculopathy and pain not relieved by conservative measures. In this case, the claimant had multiple cervical surgeries with fusion. The claimant had radicular symptoms. Although imaging is often needed to confirm radiculopathy, the history and exam confirm the findings. In addition, the exam findings indicate central rather than peripheral symptoms. The request for an ESI is medically necessary.