

<b>Case Number:</b>	CM15-0200609		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 11, 2013. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve request for a cervical epidural steroid injection. A September 22, 2015 office visit was referenced in the determination. The claims administrator contended that the attending provider failed to document radicular symptoms needed to justify the epidural injection. The claims administrator did not seemingly state whether the applicant had or not had a prior epidural block or not. The applicant's attorney subsequently appealed. Electrodiagnostic testing of July 22, 2015 was notable for commentary that the applicant had ongoing complaints of neck pain with intermittent tingling about the fourth and fifth digits. The applicant had undergone earlier lumbar laminectomy. The applicant's medications included Ultram, Flexeril, Xanax, and Motrin. The electrodiagnostic testing was notable for a probable mild, chronic right C5-C6 and left C7-C8 cervical radiculopathy without evidence of carpal tunnel syndrome, ulnar neuropathy, or radial neuropathy. Cervical MRI imaging dated July 11, 2015 was notable for advanced multilevel degenerative disk disease with severe neuroforaminal stenosis at C-3-C4, C4-C5, C5-C6, C6-C7 and C7-T1 with moderate-to-severe central canal stenosis at C5-C6 and moderate central canal stenosis at C6-C7. On an office visit dated September 3, 2015, the applicant reported ongoing complaints of neck pain with shooting pain down the right arm. 5/5 motor function was appreciated throughout the upper extremities. A cervical epidural steroid injection and a TENS unit were sought. One of the stated diagnoses included a cervical spinal stenosis and cervical radiculopathy. It was not

stated whether the applicant had or had not had a prior epidural injection or not. On September 1, 2015, it was stated the applicant had ongoing complaints of neck pain radiating to the right arm. The applicant was apparently in the process of returning to work, it was stated at this point. The attending provider stated that the applicant previously had an epidural injection approved, but the applicant had never undergone said epidural steroid injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cervical epidural steroid injection (ESI): 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 Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Yes, the request for a cervical epidural steroid injection was medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the attending provider did seemingly have both radiographic and electrodiagnostic corroboration of radiculopathy, per study performed in September 2015. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, moreover, support up to two diagnostic blocks. Here, the request in question was framed as a first-time request for a cervical epidural steroid injection. Moving forward with the same was indicated, given the applicant's seemingly incomplete response to other conservative measures. Therefore, the request was medically necessary.