

<b>Case Number:</b>	CM15-0203076		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	06/09/2015
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 44 year old male, who sustained an industrial injury on 6-9-2015. The injured worker is undergoing treatment for: cervical disc displacement, neck sprain and radiculopathy, thoracic spine and lumbar spine sprain, left arm pain, left wrist and hand pain. 8-13-15, he reported mid back pain and left arm numbness. He rated his pain 5 out of 10. He indicated he is able to sit for approximately an hour. 9-14-15, he reported his mid back and low back pain had not improved since his last visit. He rated his pain 3 out of 10 with medications and indicated it to be intermittent. On 9-30-15, he reported low back pain rated 3 out of 10 without medications. Physical examination revealed tenderness over the thoracic and lumbar spine areas, normal deep tendon reflexes, negative straight leg raise testing, negative waddell's sign and patrick's test is negative. The treatment and diagnostic testing to date has included: medications, modified activity, lying down, standing up, electrodiagnostic studies (9-17-15) showing no radiculopathy, magnetic resonance imaging thoracic spine (9-16-15) showing C5-6 and C7-T1 posterior discosteophytic complex, and magnetic resonance imaging cervical spine (6-23-15) showing disc bulge C3-4 and C4-5 with moderate spinal stenosis. Medications have included: meloxicam, gabapentin, advil. Current work status: modified. The request for authorization is for: cervical spine epidural steroid injection at C3-C7 level under anesthesia, outpatient. The UR dated 9-29-2015: non-certification of outpatient epidural steroid injection (ESI) at C3-7 level under anesthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Epidural Steroid Injection (ESI) at C3-C7 level under anesthesia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, and 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:** Regarding the request for Outpatient Epidural Steroid Injection (ESI) at C3-C7 level under anesthesia, 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), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 subjective complaints but not physical examination findings supporting a diagnosis of radiculopathy, and MRI but not electrodiagnostic studies supporting a diagnosis of radiculopathy. In addition, the request is for more than one interlaminar level or two transforaminal levels, which exceeds guidelines. As such, the currently requested Outpatient Epidural Steroid Injection (ESI) at C3-C7 level under anesthesia is not medically necessary.