

<b>Case Number:</b>	CM15-0024201		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	01/22/2007
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Texas, Ohio, 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 48-year-old [REDACTED] employee who has filed a claim for chronic neck and bilateral upper extremity pain reportedly associated with an industrial injury of January 22, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; two prior cervical spine surgeries; a spinal cord stimulator implantation; and opioid therapy. In a utilization review report dated January 20, 2015, the claims administrator failed to approve a request for a cervical epidural steroid injection. The claims administrator referenced a January 13, 2015 RFA form in its determination. The claims administrator has contented that the applicant did not have clear or compelling evidence of radiculopathy, despite having had multiple prior unsuccessful cervical spine surgeries. The claims administrator did not state whether the applicant had or had not had prior cervical epidural steroid injection therapy. The applicant's attorney subsequently appealed. In a handwritten note dated July 25, 2014, the applicant was given a refill of gabapentin, Duragesic, Cymbalta, Soma, and Rozerem. The applicant was placed off of work, on total temporary disability. On December 11, 2014, the applicant was asked to consult a spine specialist and/or a neurologist to address the issue of headaches. Electrodiagnostic testing of the upper extremities is pending. On January 15, 2015, the applicant was asked to pursue a cervical epidural steroid injection at C6-C7 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **C6-7 Epidural Injections under Fluoroscopy: Upheld**

**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 Epidural steroid injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

**Decision rationale:** No, the proposed cervical epidural steroid injection is not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its recommendation by noting that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the attending provider did not clearly state whether the applicant had or had not had prior epidural blocks and, if so, what the applicant's response to the same was. The attending provider did not establish residual radiographic or electrodiagnostic evidence of radiculopathy following failed cervical spine surgery. Therefore, the request was not medically necessary.