

<b>Case Number:</b>	CM15-0036915		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	10/04/2002
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old male sustained a work related injury on 10/04/2002. A partially legible progress report dated 02/10/2015 was submitted for review. Diagnoses included cervical disc herniation, TBI (traumatic brain injury) and chronic pain. The other diagnoses were not legible. The treatment plan included epidural-translaminar. According to a previous partially legible progress report dated 01/13/2015, most pain was in the neck and rated 8-9 on a scale of 1-10. Headaches all the time were noted. The provider noted that they had tried to get another cervical epidural for over a year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) translaminar epidural steroid injection at C6-7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** The injured worker is being treated for chronic back and neck pain, cervical herniated nucleus pulposus and spinal muscle spasms. Treatment regimen includes Vicodin, Zohydro and Flexeril. Physical examination indicates evidence of impaired pinprick in bilateral upper limbs and the nondermatomal distribution, positive Spurling sign, 2+ deep tendon reflexes and 5/5 motor examination. Records indicate cervical MRI performed on 3/25/03 indicated evidence of multilevel degenerative disc disease with patent neuroforamen. Request is being made for therapeutic transfers laminar epidural steroid injection. MTUS guidelines for epidural steroid injection recommendations required documentation of radiculopathy by physical examination and corroborated by imaging or electrodiagnostic testing studies. In the case of this injured worker, physical examination findings are not corroborated cervical radiculopathy in the distribution of the C7 nerve root. Instead, documentation indicates evidence of neck pain with associated upper limb sensory changes in a nondermatomal distribution. The request for cervical epidural steroid injection as written as therefore not medically necessary.