

<b>Case Number:</b>	CM15-0048044		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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:

The injured worker is a 63 year old male who sustained an industrial injury on 2-1-13. Diagnoses are noted as cervical disc herniation and cervical radiculopathy. Previous treatment includes a cervical epidural steroid injection 12-2-14, medication, physical therapy, acupuncture, and chiropractic therapy. In a progress report dated 2-9-15, the physician notes complaints of neck pain with radiating pain going down into the left upper extremity. Current medications are Skelaxin, Voltaren Gel and Neurontin. Pain is rated at 9 out of 10, is constant and any kind of strenuous activity aggravates the pain. It is noted he saw another physician, who did not feel he is a surgical candidate. Grip strength on the right is 8-2-0 and the left is 12-2-4. The cervical spine exam reveals pain to palpation over the left paraspinal muscles and trapezius, pain to left lateral rotation at 35-40 degrees, pain on flexion, and Spurling's sign is positive on the left. Sensation is noted to be intact to light touch, pinprick and two-point discrimination in all dermatomes in the bilateral upper extremities. The treatment plan is for a repeat cervical epidural steroid injection, ortho spine consult, work status of 15 pounds, refill Neurontin with an increase in 300mg three times a day as well as Skelaxin 800mg every 8 hours. The requested treatment of cervical epidural steroid injections as an outpatient was non-certified on 2-20-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** According to the guidelines, ESI are recommended for this with imaging and exam findings consistent with radiculopathy. Although prior MRI findings did indicate cord impingement at C3-C4 and C5-C6, the recent exam findings were not consistent. In addition, the level and use of fluoroscopy were not substantiated. The request for ESI was not medically necessary.