

<b>Case Number:</b>	CM15-0053282		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	03/15/2002
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: 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 60-year-old female who sustained an industrial injury on 03/15/2002. Current diagnoses include cervical disc disease, and cervical radiculopathy. Previous treatments included medication management, cervical surgery, physical therapy, prior injections, ice/heat application, and therapeutic exercises. Previous diagnostic studies included x-rays, MRI, and EMG/NCS. Report dated 01/20/2015 noted that the injured worker presented with complaints that included neck pain, and left shoulder and arm pain. The injured worker noted relief with prior injection of greater than 55-60%. Last injection was given over two years ago. Pain level was rated as 8 out of 10 on the visual analog scale (VAS). Physical examination notes that there is decreased sensation in the C4 and C5 dermatomes. The same examination narrative also states that sensation is intact in all dermatomes. The treatment plan included medications refills, request for cervical epidural steroid injection, and follow up in one month. Disputed treatment includes cervical epidural steroid injection at C5-6 with epidurography and MAC Anesthesia. Most recent examination narrative on 2/17/15 notes complaints of increased cervical spine pain with radiation and examination findings of decreased sensation over the C4 and C5 dermatomes and decreased left biceps reflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection at C5-6 with epidurography and MAC Anesthesia:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

**Decision rationale:** Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. The MTUS guidelines also state that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the last epidural injection was performed over two years ago and was beneficial. The most recent examination narrative notes decreased sensation in a dermatomal pattern and decreased reflex. The request for cervical epidural steroid injection is supported. The request for Cervical Epidural Steroid Injection at C5-6 with epidurography and MAC Anesthesia is medically necessary and appropriate.