

<b>Case Number:</b>	CM15-0058639		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	01/29/1978
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 61-year-old, male who sustained a work related injury on 1/29/78. The diagnoses have included cervical radiculopathy and cervical disc bulges with stenosis. Treatments have included a cervical epidural injection, MRI of cervical spine, chiropractic treatments, a home exercise program and medications. In the PR-2 dated 1/22/15, the injured worker complains of neck pain that radiates down left arm. He had a cervical epidural injection in 2/2014 with good pain relief. The pain has returned with weakness. He has trigger points at bilateral C7 area. He has some decreased sensation in left arm. The treatment plan is to request authorization of a cervical steroid injection under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C5-7 ESI under Fluoroscopic Guidance and MAC Anesthesia:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however, there is no significant long-term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for Left C5-7 ESI under Fluoroscopic Guidance and MAC Anesthesia is not medically necessary.