

<b>Case Number:</b>	CM15-0080758		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45 year old male who sustained an industrial injury on 09/15/2011. Current diagnosis include cervical radiculopathy. Previous treatments included medication management, functional restoration program, psychotherapy, TENS unit, heat/ice, physical therapy, chiropractic therapy, acupuncture, cervical steroid injections in 2012, and home exercise. Previous diagnostic studies include an MRI of the cervical spine in 2011. Report dated 03/18/2015 noted that the injured worker presented with complaints that included ongoing neck and bilateral shoulder pain with numbness into the left middle finger and ring finger. Pain level was 4-8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included requests for left transforaminal cervical epidural steroid injection at C7 with fluoroscopic guidance, refilled Norco, and continue with gabapentin, cyclobenzaprine, and bupropion. Disputed treatments include left transforaminal cervical epidural steroid injection at C7 under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left transforaminal cervical epidural steroid injection at C7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Left transforaminal cervical epidural steroid injection at C7 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. The documentation submitted does not reveal evidence of objective imaging or electrodiagnostic studies available for review. Additionally, the request documentation indicates that the patient has had prior epidural steroid injections to the neck but the outcome of these injections is not clear. Therefore the request for epidural steroid injection is not medically necessary.