

<b>Case Number:</b>	CM15-0083827		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 49-year-old male with an industrial injury dated 10/10/2013. The injured worker's diagnoses include cervical radiculitis, cervical spondylosis, neck pain, myofascial pain syndrome, and sprain neck. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/15/2015, the injured worker reported neck pain. Objective findings revealed increased tone and pain to palpitation of the bilateral cervical spine, restricted cervical range of motion, decreased reflexes of the upper and lower extremities, and decreased sensation at nerve root C6 and C7. The treating physician prescribed services for C6-7 cervical epidural steroid injections now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C6-7 cervical epidural steroid injections:** 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 47 of 127.

**Decision rationale:** The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, prior ESI trial experience is not stated in the record. The criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection. The request is not medically necessary based on the above.