

<b>Case Number:</b>	CM14-0117525		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/18/2001
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 60 year old female who was injured on 06/18/2001. The mechanism of injury is unknown. The patient's prior treatment history included physical therapy, aqua therapy, and TENS unit, all of which have failed; Celebrex and NSAIDS which caused severe abdominal pain. The patient underwent cervical fusion on 05/20/2010 and 3 cervical fusions in 01/2014. Progress report dated 06/17/2014 states the patient presented with complaints of persistent left-sided neck pain. He reported numbness and radiating pain in the left C3-4 distribution. She reported having daily headaches with worsening pain. She was taking Aleve and Tylenol for the pain but they did not relieve her headaches. Objective findings on exam revealed tenderness to palpation over the left suboccipital region left upper cervical facets; bilateral mid cervical facets and bilateral lower cervical facets. Cervical range of motion revealed lateral flexion at 10 degrees bilaterally; flexion at 20; right rotation at 65 and left rotation at 20. She had increased pain in the left neck with lateral neck rotation and tenderness of the left cervical facet region and occiput. The patient is diagnosed with cervical radiculitis. The patient was recommended for a left C3-C4 epidural steroid injection via catheter. Prior utilization review dated 07/08/2014 states the request for Epidural steroid injection via catheter to the left C3-C4, under fluoroscopic guidance and monitored is denied as it is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection via catheter to the left C3-C4, under fluoroscopic guidance and monitored:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck/Upper Back Chapter

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injection is recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, there is no supporting documentation pertaining to the physical finding suggesting radiculopathy occurring at the requested levels for a cervical Epidural Steroid Injection therefore, it is not medically necessary at this time.