

<b>Case Number:</b>	CM14-0124522		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 47 year old male who was injure on 10/17/2012. The diagnoses are cervical radiculopathy, neck pain and shoulder pain. There are associated diagnoses of depression and anxiety disorder. There was EMG/NCS evidence of left C5, C6 and C7 radiculopathy on November, 2013. The MRI of the cervical spine dated on 1/8/2014 was significant for small annular fissure at C2-C3, foraminal stenosis at C6-C7and narrow foraminal outlets. A left shoulder MRI in 2012 showed supraspinatus tendinosis and degenerative joint disease. The medications are gabapentin and hydrocodone for pain, venlafaxine for depression and neuropathic pain and Flexeril for muscle spasm. [REDACTED] noted subjective complaints of neck pain radiating to the left upper extremity. There is associated numbness of the left hand.A Utilization Review determination was rendered on 7/28/2014 recommending non certification for retro injection catheter placement cervical or thoracic for epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro- Injection Catheter Placement Cervical or Thoracic:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that epidural steroid injection can be utilize for the treatment of cervical radicular pain that did not respond to conservative treatment with medications and PT. The records indicate that there are subjective, objective and radiological findings indicative of cervical radiculopathy. The patient have completed PT, behavioral therapy and medication management without improvement of the neck pain that is radiating the left uper extremity. The EMG/NCS supports the diagnosis of cervica radiculopathy. The criteria for the retro injection catheter placement cervical or thoracic for epidural steroid injection.