

<b>Case Number:</b>	CM14-0182618		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	04/22/1996
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 California. 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 injured worker is a 52-year-old woman with a date of injury 4/29/96. She was diagnosed with chronic cervical radiculopathy. Examination is significant for decreased cervical range of motion, tenderness to manipulation of her upper extremities and normal deep tendon reflexes. Sensory and motor exam results were not recorded. Records on 10 /22/2014 indicate that there was a transfer care pain management treatment and delay of a previously planned cervical epidural steroid injection. Cervical MRI was requested but no results were provided. Request was subsequently made for a cervical epidural steroid injection 1 to C5-6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cervical epidural steroid injection under fluoroscopy at C5-C6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 81.

**Decision rationale:** The injured worker presents with chronic neck pain. Records indicate that the patient has had 2 epidural injections within the past 3 years. Records do not provide evidence of abnormal neurologic exam or diagnostic testing results of the cervical spine. There

has been no indication that surgery of the cervical spine as a treatment option. MTUS guidelines recommend cervical epidural steroid injections as an option to avoid surgery. Request for cervical epidural injections does not meet MTUS guidelines is therefore not medically necessary.