

<b>Case Number:</b>	CM14-0215385		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	11/01/2006
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58year-old female with a 11/01/2006 date of injury. According to the 11/18/14 pain management report, the patient presents with chronic neck pain. The pain radiates down both extremities to the hands. She had anterior interbody fusion C4 to C6 in 2004. 1/24/07 MRI shows severe left C5/6 foraminal narrowing from lateral protrusion. She has decreased sensation to light touch in the left upper extremity, no dermatomal pattern provided. On 12/1/14 utilization review denied a cervical epidural injection because the patient has failed the epidural injections in the past. The prior cervical injection was in 11/2012 and provided 50% for only 2-weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection at C4-C5 and C5-C6, each additional level, cervical epidurogram, insertion of cervical catheter, fluoroscopic guidance, IV sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

**Decision rationale:** MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" Page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections, page 46 states: 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, The patient has failed cervical epidural injections in the past with relief only lasting 2-weeks. The current reporting does not identify radicular pain in any particular dermatomal distribution. The reported MRI findings show disc protrusion and foraminal narrowing at C5/6, but not at the C4/5 level. The actual MRI report was not provided for review. The MTUS criteria for a cervical epidural injection has not been met. The request for Cervical epidural steroid injection at C4-C5 and C5-C6, each additional level, cervical epidurogram, insertion of cervical catheter, fluoroscopic guidance, IV sedation, IS NOT medically necessary.