

<b>Case Number:</b>	CM15-0010723		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 59 year old male, who sustained an industrial injury on 3/31/09. The documentation noted on 1/28/15 that the injured worker has complaints of neck and low back pain. The neck pain radiated into his upper extremities. He was to undergo a cervical epidural injection C5-C6 and a lumbar epidural injection L4-L5 which he has not had. He ambulates with a cane and has difficulty rising from a seated position. Magnetic Resonance Imaging (MRI) of the cervical and lumbar spine 12/17/14 showed moderate narrowing of the C6/7 foraminal narrowing. Treatment to date has included a cervical epidural steroid injections which he states was complicated by the fact that he could not tolerate it because of pain so was unsure if the results were positive or not; physical therapy and medication. According to the utilization review performed on 1/9/15, the requested cervical epidural steroid injection (ESI) at C5-6 under sedation and Pre-op medical clearance has been non-certified. CA MTUS criteria does not unequivocally describe a radiculopathy on both physical examination and imaging/EDS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection (ESI) at C5-6 under sedation:** Overturned

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

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

**Decision rationale:** The request for a cervical epidural steroid injection is considered medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing which the patient has documented. The patient has been treated with conservative measures with no improvement. He was unable to tolerate the previous cervical ESI due to pain, so it is reasonable to attempt it under sedation. Therefore, the request is considered medically necessary.

**Pre-op medical clearance:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Preoperative clearance

**Decision rationale:** The request is medically necessary. The patient will be having a procedure that requires anesthesia. Preoperative clearance is used to evaluate risk, direct anesthetic choices, and help with postoperative management. Therefore, it is medically necessary to have clearance.