

<b>Case Number:</b>	CM15-0012045		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	08/10/2005
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: California, Hawaii

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 injured worker is a 55 year old female with an industrial injury dated August 10, 2005. The injured worker diagnoses include cervical disc herniation at C5-C6, chronic neck pain and occipital headaches and status post two lumbar discectomies, L4-5. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, home exercises and periodic follow up visits. According to the progress note dated 12/3/14, the treating physician noted that the injured worker presented with neck and radiating left arm pain and back and radiating left leg pain. Documentation noted that most of her symptoms were in her neck and down her left arm. Physical exam was unremarkable. The treating physician prescribed one cervical epidural steroid injection (interlaminar injection). Utilization Review determination on January 9, 2015 denied the request for one cervical epidural steroid injection (interlaminar injection), citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One cervical epidural steroid injection (interlaminar injection): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Section.

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

**Decision rationale:** The patient continues to have neck pain radiating into the left arm. The current request is for cervical epidural steroid injection (interlaminar injection). The attending physician states her patient remains symptomatic predominately in her neck and down her left arm. She recommends a cervical injection and physical therapy to include lumbar strengthening as well. The MTUS guidelines recommend epidural steroid injections (ESI) as an option for radicular pain. ESIs can offer short term relief and should be in conjunction with other rehab efforts, including continuing a home exercise program. In this case, there is a cervical MRI report dated 8/2/11 that reveals a disc herniation at C6/7. While this patient may require an injection at C6/7, the current request does not state what level is being requested for injection and there is no way to corroborate findings without knowing the level that is being requested. The current request does not fit IMR criteria due to lack of specified level. Recommendation is for denial.