

<b>Case Number:</b>	CM15-0014081		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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  
 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 58 year old male who sustained an industrial injury on 1/7/14. The injured worker reported symptoms in the neck, right upper extremity. The diagnoses included cervical radiculopathy, degenerative disc disease, cervical and cervical discogenic spine pain. Treatments to date include oral pain medications. In a progress note dated 12/10/14 the treating provider reports the injured worker was with "serve pain" rating it at "10/10" described as "sharp, throbbing, pins & needles, numbness, cramping, weakness, spasm" as well as "frequent headaches". On 12/26/1 Utilization Review non-certified the request for cervical epidural injection anesthesia with x-ray fluoroscopic guidance levels at C7-T1 x 2. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Injection anesthesia with x-ray fluoroscopic guidance levels at C7-T1 x2:**  
 Upheld

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

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

**Decision rationale:** The injured worker is being treated for right C6 cervical secondary to degenerative foraminal stenosis. Records indicate a request for anterior cervical discectomy and fusion at C4-5 and C5-6 has been denied by the insurance carrier. Documentation adequately supports evidence of C5-6 dermatomal involvement. Request is being made for cervical epidural injection at C7-T1. MRI report dated 8/22/14 indicates that C7-T1 has no significant disc disease or stenosis. The request is not consistent with the reported involved nerve injury which to the C6 nerve root. Based on the records provided, the appropriate level for therapeutic epidural steroid injection would be right C4-5 and C5-6. Request is not medically appropriate or necessary.