

<b>Case Number:</b>	CM15-0115121		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 6/25/12. He reported pain in his neck and lower back. The injured worker was diagnosed as having cervical radiculopathy, cervical facet arthropathy and cervical disk herniation with moderate to severe neural foraminal narrowing. Treatment to date has included interlaminar epidural steroid injection at C6-C7 on 10/3/13, chiropractic treatments, a cervical MRI on 11/2/12 showing degenerative disc disease and facet arthropathy and Norco and Norflex. There is no documentation of the injured worker's response to the previous interlaminar epidural steroid injection at C6-C7. As of the PR2 dated 5/4/15, the injured worker reports ongoing neck and back pain. He rates his neck pain an 8/10 with radiation the bilateral shoulders. The treating physician noted a positive Spurling's test on the left with radiation to left elbow and tenderness to palpation in the cervical spine. The treating physician requested an interlaminar epidural steroid injection at C6-C7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One interlaminar ESI at C6-C7:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient received cervical epidural injection without documentation of sustained benefit or reduction in medication usage. In addition, there is no clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for interlaminar ESI at C6-C7 is not medically necessary.