

<b>Case Number:</b>	CM15-0126114		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	07/26/2010
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 46 year old female who sustained a work related injury July 26, 2010. According to a treating physician's progress report, dated June 16, 2015, the injured worker presented for re-evaluation of her neck and thoracic pain. The thoracic pain radiates around to the scapula. She had a T6-T7 interlaminar epidural steroid injection December 30, 2014, with greater than 50% relief for five months, enabling her to reduce her narcotic medication and Flector patches. She is currently using one Norco/day and Flector patches for acute pain. Her neck pain is radiating to the right shoulder. She reports pain levels of 5-6/10 without medication and 3/10 with medication. Functional improvement with medication includes working full time, exercising, and being active around the house. A cervical MRI revealed disc protrusion to the left C4-5 compressing the cord, right disc protrusion at C5-6 and C6-7. Physical examination revealed; tenderness in the right paracervical muscles of the lower thoracic spine, spasm in the right upper trapezius and range of motion is full. She is tender at the T6-T7 and has an area of increased sensation radiating to the right, range of motion is full, gait; normal heel to toe. Impressions are migraine classical not otherwise specified; sprain thoracic region; cervicgia; mild herniated thoracic disc displacement T6-7; cervical disc degeneration; cervical spondylosis without myelopathy. Treatment plan included discussion of T6-T7 interlaminar epidural steroid injection, prescription medication, consistent CURES report noted 6/12/2015 and consistent urine toxicology 5/12/2015. At issue, is the request for authorization for C6-C7 interlaminar epidural steroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**C6-C7 interlaminar epidural steroid injection under fluoroscopic guidance and conscious sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**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, in his progress report, the provider did not document any signs of radiculopathy at C6-7 levels of the requested cervical injections. 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 C6-C7 interlaminar epidural steroid injection under fluoroscopic guidance and conscious sedation is not medically necessary.