

<b>Case Number:</b>	CM15-0163977		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	12/27/2009
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 34 year old female, who sustained an industrial injury on 12-27-09. The injured worker has complaints of neck and upper back pain. The documentation noted on examination the injured worker has minimal tenderness along the left side of her neck and does have functional range of motion although it is limited with lateral bending and extension. The diagnoses have included pseudoarthrosis C6-C7 and C5-C6 artificial disc painful hardware and malpositioned. Treatment to date has included cervical facet block left side C5-C6; intra-articular steroid injection; medial branch block; soma; vicodin; naproxen and physical therapy. The request was for C5-C6 cervical steroid injection with monitored anesthesia care (MAC).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-C6 cervical steroid injection with monitored anesthesia care (MAC): Upheld**

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

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

**Decision rationale:** The injured worker sustained a work related injury on 12-27-09. The medical records provided indicate the diagnosis of pseudoarthrosis C6-C7 and C5-C6 artificial disc painful hardware and malpositioned. Treatment to date has included cervical facet block left side C5-C6; intra-articular steroid injection; medial branch block; soma; vicodin; naproxen and physical therapy. The medical records provided for review do not indicate a medical necessity for C5-C6 cervical steroid injection with monitored anesthesia care (MAC). The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The MTUS states that the American Academy Neurology concluded that Epidural Steroid Injections do not affect the need for surgery. Therefore, since the 05/201/15 request for cervical hardware removal and fusion has been approved (as stated by the utilization reviewer), the request for C5-C6 cervical steroid injection with monitored anesthesia care MAC is not medically necessary.