

<b>Case Number:</b>	CM15-0067845		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	04/14/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 52-year-old male who sustained an industrial injury on 04/14/14. Initial complaints and diagnoses are not available. Treatments to date include physical therapy, medications, and a pain injection. Diagnostic studies include MRIs of the cervical and lumbar spine. Current complaints include low back pain. Current diagnoses include cervical sprain and herniated discs. In a progress note dated 02/19/15, the treating provider reports the plan of care as a cervical epidural steroid injection, and continued tramadol and naproxen. The requested treatment is a cervical epidural steroid injection. A prior utilization review on 3/13/15 modified the request to be done at C5/6 instead of C7/T1 because the pathology on the MRI scan is at C5/6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cervical Epidural Steroid Injection at Right C7-T1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

**Decision rationale:** Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Within the documentation available for review, there are recent subjective complaints or physical examination findings supporting a diagnosis of radiculopathy, MRI or electro diagnostic studies supporting a diagnosis of radiculopathy, and documentation of failed conservative treatment. While it is true the pathology is slightly higher than the location for insertion of the epidural injection, it is also known that the medication will move upwards and can quite possibly be easier to do the procedure, as that is usually the largest interspace in the neck. As such, the currently requested cervical epidural steroid injection at C7/T1 is medically necessary.