

<b>Case Number:</b>	CM15-0069160		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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, Pain Management

### 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 57-year-old male who sustained an industrial injury on 9/2/13. The injured worker reported symptoms in the neck and bilateral upper extremities. The injured worker was diagnosed as having cervicalgia, brachial neuritis or radiculitis, degeneration of cervical intervertebral disc, neck sprain, and spasm of muscle. Treatments to date have included acupuncture treatment, physical therapy, occupational therapy, activity modification, and oral pain medication. Currently, the injured worker complains of pain in the neck and bilateral upper extremities. The plan of care was for an epidural steroid injection and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Epidural Steroid Injection at C6-7: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cervical Epidural Steroid Injections Page(s): 46-47.

**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 electrodiagnostic testing. Within the documentation available for review, there are recent physical examination findings supporting a diagnosis of radiculopathy, including loss of sensation at the left C7 dermatome and right C6 dermatome. The provider has also documented the patient has failed conservative treatments including physical therapy, occupational therapy, medication, and acupuncture. The patient has had a cervical spine MRI of unknown date that showed severe stenosis with foraminal stenosis at C5-C7 levels. As such, the currently requested cervical epidural steroid injection is medically necessary and may help reduce this patient's pain level and medication use.