

<b>Case Number:</b>	CM15-0072988		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	06/24/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 54 year old male, who sustained an industrial injury on 06/24/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical foraminal stenosis, cervical facet arthropathy, and cervical disc protrusion. Treatment to date has included magnetic resonance imaging scan of the cervical spine, status post cervical injection, and medication regimen. In a progress note dated 03/11/2015 the treating physician reports complaints of persistent constant moderate to intermittent severe neck pain along with complaints of pain to the left side of the head, shoulders, low back, and knees. The pain is described as aching with numbness, cramping, spasms, tightness, and throbbing with weakness to the hands and the shoulders. The treating physician requested bilateral cervical five to six transforaminal epidural noting that based on the injured worker's symptoms, imaging results, and physical examination the injured worker would be a candidate for this procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal bilateral epidural steroid injection at C5-C6:** Upheld

**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 Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The patient is a 54 year old male with an injury on 06/24/2012. He has cervical radiculopathy. MTUS, Chronic Pain guidelines note that there is insufficient evidence to recommend epidural steroid injections to treat cervical radiculopathy. The C5-C6 epidural steroid injection is not medically necessary.