

<b>Case Number:</b>	CM14-0186940		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	10/21/1991
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with the date of injury of October 21, 1991. A utilization review determination dated October 23, 2014 recommends non-certification of a cervical epidural steroid injection series of 3. A progress report dated October 9, 2014 identifies subjective complaints of cervical pain with bilateral hand numbness. Physical examination findings reveal normal strength and sensation in the upper extremities with negative Spurling's test. The patient does have painful range of motion with range of motion restriction in the cervical spine. Diagnoses include cervical stenosis, cervicgia, and cervical degenerative disc disease. The treatment plan recommends an epidural steroid injection in the cervical spine. An MRI of the cervical spine dated September 30, 2014 shows severe right-sided foraminal stenosis at C4-5, encroachment on both the neural foramina at C5-6, and nerve root abutment at C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Translaminar ESI Cervical at C6-C7 (series of 3 over a 90 day span if possible): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 45.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural Steroid Injections (ESIs) Page(s): 46.

**Decision rationale:** Regarding the request for cervical epidural steroid injection, the 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 no recent physical examination findings supporting a diagnosis of radiculopathy and no documentation of failed conservative treatment. Additionally, guidelines do not support the use of a series of injections, and there is no provision to modify the current request. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.