

<b>Case Number:</b>	CM14-0142731		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/22/2001
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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:

The injured worker is a 64-year-old male who reported an injury on 06/22/2001. The mechanism of injury was not provided. Diagnoses included myalgia and myositis, pain in joint involving pelvic region and thigh, cervical spondylosis without myelopathy, degeneration of cervical intervertebral disc, and lumbar disc degeneration. Past medical treatment included medications and a trigger point injection on 03/24/2014. Diagnostic testing included an MRI of the cervical spine without contrast on 07/07/2014. Surgical history was not provided. The injured worker complained of neck pain, which radiated to the right upper extremity with occasional numbness and tingling of the fingers. On 08/29/2014, the injured worker reported an increase in his neck pain radiating down his arm through his 5th digit, and he found it more challenging to shake hands or grasp objects. The injured worker rated pain at 3/10 on a pain scale. The physical examination revealed the injured worker continued to experience numbness and weakness in the right upper extremity. Medications included Flexeril 10 mg, over the counter aspirin 81 mg and OxyContin 10 mg. The treatment plan is for cervical ESI at C6-7 with fluoroscopy conscious sedation. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical ESI at C6-C7 with fluoroscopy, conscious sedation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The injured worker complained of neck pain, which radiated to the right upper extremity with occasional numbness and tingling of the fingers. The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Injured workers should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines note no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. There is a lack of documentation indicating the injured worker had findings which demonstrate significant neurologic deficit upon physical examination to support a diagnosis of radiculopathy. The documentation failed to provide evidence of any previous failed conservative therapy. Therefore, the request for Cervical ESI at C6-C7 with fluoroscopy, conscious sedation is not medically necessary.