

<b>Case Number:</b>	CM14-0145906		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Family 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:

The injured worker is a 51 year old male who sustained an injury to his neck on 06/12/13 due to a motor vehicle accident. MRI of the cervical spine dated 03/12/14 revealed multi-level disc disease with neuroforaminal compromise, most significant at the levels of C3-4 and C4-5. Plain radiographs dated 07/14/14 revealed degenerative changes at C3-4, C4-5, and C5-6 with some foraminal narrowing at C5-6; there was no instability noted; no fractures in the upper back. Treatment to date has included 24 visits of physical therapy that provided no benefit to shoulder and neck symptoms; activity modification, work restrictions, exercise, and medications that provided 100% relief. The progress note dated 07/25/14 reported that the injured worker continued to complain of sharp pain, limited range of motion, and difficulty with activities of daily living, and stiffness in the left shoulder and neck. The injured worker noted their pain at 9/10 VAS described as sharp, aching, constant that radiated to the left shoulder. Physical examination noted range of motion normal, except for pain felt when twisting to the left; facet loading positive left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERLAMINAR EPIDURAL STEROID INJECTION XL UNDER FLUOROSCOPY AT C7-T1 PER REPORT DATED 07/25/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

**Decision rationale:** The request for interlaminar epidural steroid injection xl under fluoroscopy at C7-T1 per report dated 07/25/14 is not medically necessary. The previous request was denied on the basis that there is not enough documentation to make a medical necessity determination. Correlative radiculopathy exam (i.e., reflex, motor, sensory, Spurling's) and/or electrodiagnostic studies are required. Therefore, the request was not deemed as medically appropriate. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given this, the request is not indicated as medically necessary.