

<b>Case Number:</b>	CM13-0016243		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/02/2011
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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, 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 patient is a 55-year-old female with a reported date of injury on 12/2/11. The patient presented with neck pain with radiation to the bilateral upper extremities; numbness in the left upper extremity to the level of the arm, hand, and fingers; motor weakness in the left upper extremity; burning and aching pain rated 8/10; decreased sensation in the left upper extremity along the C5-6 dermatome. The patient had a negative Spurling's test bilaterally. The patient had diagnoses including cervical radiculitis, lumbar radiculopathy, left knee pain, chronic pain, status post left knee arthroscopy, L4-5 annular tear. The physician's treatment plan included a request for a cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CERVICAL EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

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

**Decision rationale:** The California MTUS guidelines note that 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 that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) and injections should be performed using fluoroscopy (live x-ray) for guidance. Within the provided documentation, the patient had decreased sensation in the C5-6 dermatome as well as numbness in the left upper extremity. The provider noted the patient failed conservative care. However, the patient was noted to have a negative Spurling's test bilaterally. The requesting physician did not include adequate documentation of objective signs and symptoms of radiculopathy. Within the documentation, the cervical MRI report was not provided. Additionally, the request did not include a site at which the epidural steroid injection would be administered. Therefore, the request for a cervical epidural steroid injection is neither medically necessary nor appropriate.