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| <b>Case Number:</b>   | CM13-0022100 |                              |            |
| <b>Date Assigned:</b> | 10/16/2013   | <b>Date of Injury:</b>       | 01/08/2008 |
| <b>Decision Date:</b> | 06/10/2014   | <b>UR Denial Date:</b>       | 09/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/09/2013 |

### 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 & Rehabilitation has a subspecialty in Interventional Spine 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 reported a date of injury of 01/08/2008. According to the report, the patient complains of neck pain with radiation down the left arm and lower back pain with radiation down the left leg. She has utilized physical therapy, electrical stimulation, and numerous medications with minimal relief from pain. The physical exam shows the patient is well-developed, obese female in no acute distress. Her gait and balance appear to be intact. Range of motion testing noted significant limitations with tolerated movements of the neck. Myofascial exam shows tightness and tenderness throughout the upper trapezius muscles bilaterally as well as a large palpable trigger point in the right lumbar paraspinal region.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46-47.

**Decision rationale:** This patient presents with chronic neck pain. The physician is requesting a cervical epidural steroid injection, unspecified level. The MTUS guidelines page 46 and 47 on epidural steroid injections states, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Furthermore, MTUS states, "If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections." The MRI dated 12/28/2012 shows moderate-to-marked degenerative disk disease at C3-C4, C6-C7, and C7-T1. There is also mild foraminal stenosis at C2-C3, C3-C4, C4-C5, C5-C6, and moderate foraminal stenosis at C6-C7 and moderate-to-marked foraminal stenosis at C7-T1. The review of records shows that the patient has not had any recent or prior epidural steroid injection of the cervical spine. However, while the patient has left arm pain, pain is not in any specific dermatomal distribution. Exam findings do not reveal any nerve root issues without sensory/motor changes. Given the lack of a clear diagnosis of radiculopathy, an ESI would not be indicated. Furthermore, the physician does not specify which level the request is for. Therefore, the request for cervical epidural steroid injection is not medically necessary and appropriate.