

<b>Case Number:</b>	CM13-0069899		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/01/2006
<b>Decision Date:</b>	05/26/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 female who reported an injury on 09/01/2006, due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her neck, back, shoulders, forearms, hands, and wrists. The injured worker's treatment history included physical therapy, medications, and cervical epidural steroid injections. The injured worker underwent an electromyography/nerve conduction velocity (EMG/NCV) in 03/2013. It was documented that there was evidence of moderate left carpal tunnel syndrome and mild right carpal tunnel syndrome. The injured worker was evaluated on 10/29/2013. It was documented that the injured worker had cervical radiating pain. It was documented that the injured worker had received 50% to 60% relief from a previous cervical injection for approximately ten (10) months. The physical findings included tenderness to palpation of the trapezial area, with cervical restricted range of motion. It was documented that the injured worker had equal and symmetrical reflexes with no evidence of motor strength weakness or sensory deficits in the bilateral upper extremities. The injured worker's diagnoses included degenerative cervical intervertebral disc disease and cervical disc displacement, and cervical radiculitis. The injured worker's treatment plan included the continuation of medications and an epidural steroid injection with intravenous (IV) sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4-C5 BILATERAL CERVICAL EPIDURAL STEROID INJECTION, WITH ANESTHESIA:** 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 based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**Decision rationale:** The Chronic Pain Guidelines indicate that epidural steroid injections are appropriate for injured workers who have physical examination findings of radiculopathy, that is supported by an imaging and/or electrodiagnostic study that has failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the injured worker previously had an epidural steroid injection that produced 50% to 60% pain relief for over 12 months; however, the level at which that injection was administered was not provided for review. The clinical documentation did not include an imaging study or an electrodiagnostic study that supported radiculopathy. Additionally, the injured worker's most recent clinical examination findings do not provide any evidence of radiculopathy. The injured worker has normal motor strength and a normal sensory exam. Therefore, the need for an epidural steroid injection is not supported. The MTUS does not address the use of anesthesia. The Official Disability Guidelines recommend the use of anesthesia for injured workers who have a documented history of anxiety to the requested procedure. There is no documentation that the injured worker has anxiety that would support the need for anesthesia. As such, the request for cervical steroid injection at the C4-5 bilaterally with anesthesia is not medically necessary or appropriate.