

<b>Case Number:</b>	CM14-0003646		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	04/02/2009
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old female who reported an injury on 04/02/2009. She tried to break her fall which led to her injury. On 07/30/2013, the injured worker presented with complaints of neck and right shoulder pain. An MRI of the right shoulder dated 06/22/2010 revealed a partial detachment of the superior labrum extending along the length of the superior glenoid rim. An MRI of the cervical spine dated 07/23/2012 revealed a disc osteophyte complex and moderate right-sided indentation of the dura at C5-6 and mild to moderate right neural foraminal narrowing. There is no physical examination noted. The diagnoses were cervical radiculopathy, disc fusion at C5-6 and C6-7, tendinitis of the right shoulder, and hypertension. Prior therapy included physical therapy, muscle relaxants, heat and ice. The provider recommended a right C5-6 cervical epidural steroid injection with fluoroscopic guidance to help with the injured worker's cervical radiculopathy. The request for authorization form was not provided in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right C5-C6 Cervical Epidural Steroid Injection W/Fluoroscopic Guidance:** 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 Injection Page(s): 46.

**Decision rationale:** The request for a right C5-6 cervical epidural steroid injection with fluoroscopic guidance is non-certified. The California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. An epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing a home exercise program. There is no information on improved function. The criteria for use for an ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by physical exam or corroborated by imaging studies. As such, the request is not medically necessary.

**Follow-Up After Cervical Epidural Steroid Injection (CESI):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.