

<b>Case Number:</b>	CM14-0005712		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	08/25/2003
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Orthopaedic Surgery, and is licensed to practice in Mississippi. 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 claimant is a 44-year-old female who was injured on August 25, 2003. Concurrent medical issues include fibromyalgia, diabetes, hypertension, deconditioning, sleep dysfunction with apnea and insomnia, chronic renal failure, and status post left hand surgery. The claimant is documented as returning phone the utilization review on January 14, 2014. This document indicates that the claimant had a recent exacerbation of pain after a fall. As a result, the claimant has developed spasm, pain, and trigger points in the neck. The physical examination documents tenderness to palpation about the cervical spine, paracervical muscles spasm, and diminished cervical range of motion. Examination the upper extremities does not document any neurologic dysfunction. A specific neurologic exam is not provided. Previous treatments include physical therapy, epidural steroid injections, anti-inflammatories, analgesic medications, and opiates. An examination from January 29, 2013 documents diminished sensation in dermatomal distribution in C6-7 on the left and C7 on the right. The utilization review in question was rendered on December 30, 2013. The request for bilateral cervical epidural steroid injections at C5-6 was denied on the basis of insufficient documentation on physical examination of specific neurologic findings consistent with C5-6 radiculopathy. Additionally, the reviewer documents that a previous cervical epidural steroid injection was performed which provided pain relief for five months, but the level of that injection was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL C5-C6 EPIDURAL STEROID INJECTION:** 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 Page(s): 46.

**Decision rationale:** The MTUS has specific criteria which should be met prior to proceeding with cervical epidural steroid injections. Based on the clinical documentation provided, the claimant fails to meet the criteria as outlined by the MTUS. Specifically, radiculopathy is not noted on the physical examination on the visits immediately prior to or after the utilization review. Additionally, the previous documents indicate that the radiculopathy was at a separate level. As such, the request is considered not medically necessary.