

<b>Case Number:</b>	CM14-0123356		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/14/2008
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 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 injured worker is a 57-year-old male who reported an injury on 10/14/2008, after a fall off a catwalk. The injured worker reportedly sustained an injury to his cervical spine and lumbar spine. The injured worker's treatment history included epidural steroid injections, medications, and physical therapy. The injured worker was evaluated on 07/15/2014. It was documented that the injured worker had persistent cervical spine pain complaints. Physical findings included restricted cervical spine range of motion secondary to pain with moderate tenderness over the spinous process and a negative Spurling sign. The injured worker had equal and symmetrical deep tendon reflexes in the bilateral upper extremities with the exception of absent triceps and brachioradialis reflexes and with 5/5 motor strength. The injured worker's diagnoses included degenerative cervical disc disease, brachial neuritis/radiculitis, trigger finger, degenerative lumbar disc disease, lumbosacral spondylitis, spinal stenosis of the lumbar spine, thoracic neuritis/radiculitis, obesity, hypertension, diabetes, ankle sprain, and calcaneofibular sprain/strain. The injured worker's treatment plan included continuation of medications. A request was made for a cervical epidural steroid injection, however, no justification for the request was provided. A request for authorization form to support the request was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (ESI) Page(s): 48.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 48.

**Decision rationale:** The requested cervical epidural steroid injection is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends epidural steroid injections for injured workers who have radicular findings upon examination supported by an imaging study or electrodiagnostic study that failed to respond to conservative treatment. The clinical documentation submitted for review does not provide any evidence of radicular findings to support the need for an epidural steroid injection. Additionally, there is no documentation of any recent conservative active therapy. Furthermore, the request as it is submitted does not provide a level of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested cervical epidural steroid injection is not medically necessary or appropriate.