

<b>Case Number:</b>	CM14-0138630		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/15/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 65 year old female who sustained injuries to her neck and low back on 08/15/08 while performing her usual customary duties as a traffic flagger. The injured worker was hit from behind by an SUV and thrown over the ground. The injured worker had not returned to work since the date of injury. The injured worker subsequently underwent three surgeries, three epidural steroid injections, oral medications including Oxycontin and over the counter Advil. The injured worker continued to be treated for chronic neck pain with radiation into the bilateral upper extremities and low back pain radiating into the bilateral lower extremities, per clinical note dated 07/10/14. Physical examination noted marked forward head posture; tenderness in the cervical spine/musculature; decreased sensation of the C6 dermatome of the bilateral upper extremities; positive cervical orthopedic testing. The injured worker previously had surgical fusion at C4 through C7. The injured worker was recommended continuing treatment with medications, cervical epidural steroid injection, opioid detoxification and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 cervial epidural 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 (ESIs) Page(s): 46.

**Decision rationale:** The previous request was denied on the basis that per the progress examination dated 07/10/14, the injured worker had radiating pain and numbness into the bilateral upper extremities, and diminished sensation of the C6 dermatome in bilateral upper extremities; however, pain distributions and sensory disturbances that are bilateral are usually not the result of radiculopathy. Evidence based guidelines do not support epidural steroid injections unless there is pain in a dermatomal distribution with corroborative imaging studies. Thus, it did not appear that the injured worker meets the aforementioned criteria to warrant cervical epidural steroid injection. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker was treated with at least three epidural steroid injections previously. The patient's response was not documented following previous injections. The CAMTUS also states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for six to eight weeks. Furthermore, the level/laterality was not specified in the request. Given this, the request for Cervical Epidural Steroid Injection is not medically necessary.