

<b>Case Number:</b>	CM14-0158459		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Occupational Medicine 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:

There were 164 pages provided for this review. The application for independent medical review was for cervical epidural steroid injection C3 through C7. It was dated October 10, 2014. Per the records provided, the claimant is a 64-year-old female injured on October 5, 2011. The mechanism of injury was not provided. The diagnoses were chronic cervicgia, bilateral upper extremity radiculopathy, recurrent myofascial strain and chronic lumbar backache. A CT of the cervical spine dated August 8, 2014 showed multilevel degenerative disc disease, but there was no evidence of spinal or neural foraminal stenosis. The medicines were Norco, Lorazepam, Skelaxin, Ativan and Prilosec for symptomatic relief. The patient never had a cervical ESI in the past. On exam, there was severe tightness and tenderness in the bilateral trapezius with reduced range of motion. There was documentation of dysesthesia but the grip was preserved. Deep tendon reflexes were also preserved. There were no clear signs of a specific dermatomal radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical ESI at C3-7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

**Decision rationale:** The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI do not meet this criterion. The request appears appropriately non-certified based on the above as there is no clear dermatomal distribution of neurologic signs that correlates with an MRI source.