

<b>Case Number:</b>	CM14-0169701		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Interventional Spine 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 patient is a 69 year-old female with the date of injury of 02/01/2010. The patient presents with pain in her neck, shoulders, wrists and low back. The patient rates her pain as moderate to severe. The patient states that her lower back pain is greater than her neck pain. Examination reveals tender points, guarded neck motion and positive straight leg raising. MRI of cervical spine reveals a moderate to severe stenosis at C5-C6, moderate stenosis at C4-C5, and a left-sided spinal cord or nerve root compression at C5-C6. MRI of lumbar spine reveals a spondylolisthesis at L4-L5. Diagnostic impressions are musculoligamentous sprain/ strain, cervical spine; musculoligamentous sprain/ strain, shoulders bilaterally; musculoligamentous sprain/ strain, wrists bilaterally; and musculoligamentous sprain/ strain, left knee. The utilization review determination being challenged is dated on 10/06/2014. Treatment reports provided are from 07/31/2014 to 10/21/2014.1. Musculoligamentous sprain/ strain, cervical spine 2. Musculoligamentous sprain/ strain, shoulders bilaterally3. Musculoligamentous sprain/ strain, wrists bilaterally4. Musculoligamentous sprain/ strain, left kneeThe utilization review determination being challenged is dated on 10/06/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/31/2014 to 10/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical ESI under fluroscopy:** 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): 46-47.

**Decision rationale:** The patient presents with pain and weakness in her neck, shoulders and lower back. The patient presents numbing or tingling sensations in her upper and lower extremities. The request is for cervical epidural steroid injection (ESI) under fluoroscopy and no levels indicated. Review of the reports does not indicate that the patient had a cervical ESI in the past. MRI of the cervical spine showed multi-level stenosis, both central and foraminal. Regarding ESI, MTUS states that "radiculopathy must be documented by physical examination and corroborated by imaging studies and/ or electrodiagnostic testing" and recommend an ESI "when there is initially unresponsive to conservative treatment (exercise, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants)." In this case, the patient presents with persistent pain and radicular symptoms. But examination findings do not show evidence of radiculopathy, such as sensory or motor changes in a specific nerve root distribution. MTUS furthermore states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Therefore, this request is not medically necessary.