

<b>Case Number:</b>	CM14-0176782		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	03/02/2006
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Internal Medicine, has a subspecialty in Health Promotion Model and is licensed to practice in Pennsylvania. 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 62-year-old woman with a date of injury of 03/02/2006. The submitted and reviewed documentation did not identify the mechanism of injury. An office visit notes by [REDACTED] dated 04/11/2014, by [REDACTED] dated 09/12/2014, and by [REDACTED] dated 10/10/2014 indicated the worker was experiencing right knee pain and neck pain that went into the right arm. Documented examinations described right knee crepitus and tenderness, tenderness over the center of the lower portion of the upper back, tenderness in the upper back muscles, and a positive Spurling's test on the right. The submitted and reviewed documentation concluded the worker was suffering from neck pain, a bulging upper spine disk, degenerative disks disease involving the upper spine, brachial neuritis/radiculitis, and osteoarthritis of the right knee. Treatment recommendations included oral pain medications, a home exercise program, a urinary drug screen, steroids injected near the bones of the upper back, and follow up care. A Utilization Review decision by [REDACTED] was rendered on 10/21/2014 recommending non-certification for a cervical transforaminal epidural steroid injection at the right C5-6. An office visit note by [REDACTED] dated 08/02/2013, a cervical MRI report by [REDACTED] dated 01/15/2008, and procedure reports by [REDACTED] dated 03/06/2008 and 09/12/2013 were also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Transforaminal Epidural steroid injection Right C5-6:** 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 Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or Electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement and at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks. The submitted documentation indicated the worker was experiencing right knee pain and neck pain that went into the right arm. These records described only non-specific symptoms and examination findings; the documentation did not sufficiently support the existence of radiculopathy. Prior treatment with injected steroids improved pain, but the documented descriptions did not meet the threshold required by the Guidelines. Further, there was no indication that the goal of this treatment was to improve the worker's progress in an active treatment program. In the absence of such evidence, the current request for a cervical transforaminal epidural steroid injection at the right C5-6 is not medically necessary.