

<b>Case Number:</b>	CM14-0178268		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 42-year-old male who reported an injury on 05/19/2014. The mechanism of injury was when the injured worker was hit by a metal bar, which struck him in the back of the neck. The diagnoses included cervical disc protrusion, cervical disc degeneration, cervical spondylosis, cervical spinal stenosis, cervical radiculopathy, and insomnia. Within the clinical note dated 06/25/2014, it was reported the injured worker complained of headaches with occasional vertigo on a daily basis. He complained of neck pain and stiffness with increased flexibility. He rated his pain 7/10 in severity. The injured worker reported his pain radiated into the bilateral upper shoulders, coming from the neck. On the physical examination, the provider noted the injured worker's cervical spine range of motion was forward flexion of 20 degrees, and extension of 5 degrees. The provider noted the maximal foraminal compression test reproduces lateral cervical spine pain. The provider noted marked pain to palpation of the spinous process C5-7, and paraspinal musculature and suboccipital musculature. A request was submitted for 1 cervical epidural steroid injection. However, the rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Cervical Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

**Decision rationale:** The request for One Cervical Epidural Steroid Injection is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. Guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. There is a lack of documentation indicating the injured worker had tried and failed on conservative therapy, including exercise, physical methods, and NSAIDs. There is a lack of documentation including imaging studies to corroborate the diagnosis of radiculopathy. Additionally, the request submitted did not specify the treatment site for the injections. Therefore, the request is not medically necessary.