

<b>Case Number:</b>	CM14-0039880		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/01/2006
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of July 1, 2006. A utilization review determination dated March 20, 2014 recommends non-certification of a cervical epidural steroid injection. Non-certification is recommended due to the lack of documentation of specific medication trials as well as the number of physical therapy and acupuncture visits tried. A progress report dated February 15, 2007, identifies a treatment plan including Lidoderm patch and Neurontin. Additionally, physical therapy is recommended. A progress report on July 30, 2013 indicates that the patient is using gabapentin, Cymbalta, diclofenac, and Skelaxin. The note goes on to indicate that the patient has tried physical therapy with modalities including neck traction and an exercise program which has not been helpful. An MRI of the cervical spine dated November 25, 2013, identifies no stenosis and no alteration in the caliber of the central canal or foramina at any cervical levels. A progress report dated March 6, 2014, indicates that the patient has subjective complaints of neck pain radiating to the right upper extremity with numbness and tingling. The treatment plan recommends acupuncture, which has helped her deal with her pain and symptoms. A progress report dated January 9, 2014, includes objective examination findings of pain radiating into the right C6 nerve root distribution with reduced muscle strength (muscle group not clarified).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

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

**Decision rationale:** The Chronic Pain Guidelines indicate that an epidural steroid injection (ESI) is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there is no MRI report or electromyography (EMG) report supporting a diagnosis of radiculopathy. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.