

<b>Case Number:</b>	CM14-0039893		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/17/2014
<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 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 56-year-old female who was injured on 03/08/2013. The mechanism of injury is unknown. Diagnostic studies reviewed include magnetic resonance imaging (MRI) of the cervical spine dated 02/18/2013 demonstrated a 2 mm disc protrusion at C3/C4 and C5/C6; a 1 mm disc protrusion at C4/C5 and a 3 mm disc protrusion at C6/C7. Progress report dated 03/30/2014 states the patient complained of pain in the neck and low back. She reported the pain is getting worse and she requested treatment to the neck before the lumbar spine. On exam, the cervical spine revealed decreased range of motion. There is tenderness to palpation along the cervical paraspinal musculature. Straight leg raise is positive. Diagnoses are right foot sprain/strain with metatarsals; first metatarsophalangeal secondary to the injury; cervical disk herniation secondary to injury on 08/2012; right shoulder sprain/strain; mid back sprain/strain and lumbar disk herniation with radiculitis/radiculopathy secondary to the work-related injury. The request for a lumbar epidural injection is postponed and a cervical epidural based steroid therapeutic pain management procedure with epidurogram with procedure modification as indicated. Prior utilization review dated 03/17/2014 states the request for Cervical spine epidural steroid injection, Pre-operative labs: complete blood count (CBC), partial thromboplastin time (PTT), prothrombin time (PT) / International Normalized Ratio (INR), Chem 7 is denied as guideline criteria has not been met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical spine epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck chapter, Epidural steroid injection.

**Decision rationale:** As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Per guidelines criteria, epidural injection is indicated if radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and is initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no documentation of pain in a cervical nerve root distribution. There is no imaging evidence of nerve root compression. There is no record of trial and failure of conservative management such as physical therapy, NSAIDs, etc. Therefore, the request for this procedure is considered not medically necessary.

**Pre-operative labs: complete blood count (CBC), partial thromboplastin time (PTT), prothrombin time (PT) / international normalized ratio (INR), Chem 7:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/285191-overview>.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.