

<b>Case Number:</b>	CM14-0044966		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 51 year old female who reported an injury on 08/20/2012. Mechanism of injury is unknown. The injured worker is post right sacroiliac joint injection under fluoroscopic guidance dated 01/22/2014. On follow up examination dated 03/12/2014 the injured worker complained of severe cervical pain associated with limited range of motion to the left upper extremity. The injured worker also complained of tingling and numbness radiating to the left shoulder and arm. The injured worker stated that the pain had been increasing in severity and intensity in recent weeks. There was no measurable pain documented. Physical examination revealed a forward flexion of 35 degrees, extension of 20 degrees, right lateral flexion of 25 degrees, left lateral flexion of 20 degrees, right rotation of 60 degrees and left rotation of 65 degrees. Compression and Distraction test were both positive. The injured worker has diagnoses of cervical sprain/strain, cervical disc herniation and cervical radiculitis/ radiculopathy. MRI obtained on 09/29/2012 revealed no significant change compared to an MRI obtained on 09/04/2012, re-demonstrating multilevel degenerative disc disease. There was no prior treatment documented except for right sacroiliac joint injection submitted in report. Medications include Norflex 100mg 1 tablet 2 times a day #60, Neurontin 300mg 1 tablet 2 times a day #^ and Duragesic patch 50mgm #10. The treatment plan is for cervical epidural steroid injection (CESI) at C7-T1, C4-C5 on left side under fluoroscopy guidance. The rationale and request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**cervical epidural steroid injection (CESI) at C7-T1, C4-C5 on left side under fluoroscopy guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Complaints (Acute & Chronic).

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

**Decision rationale:** The injured worker also complained of tingling and numbness radiating to the left shoulder and arm. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that ESIs are recommended as an option for treatment of radicular pain. The MTUS also stipulates that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing and must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The submitted report lacked evidence that the injured worker had been initially unresponsive to conservative care. There was also no evidence of a home exercise program and NSAID therapy prior to prescription given day of request of ESI. There was also no MRI submitted correlating any physical findings. The report lacked documentation of decreased sensation and decreased motor strength. As such, the request is not medically necessary and appropriate.