

<b>Case Number:</b>	CM14-0047353		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/28/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 54 year old male with a date of injury on 12/28/2013. Diagnoses include cervicgia, back pain, and myofasciitis. Subjective complaints are of neck pain rated 5-6/10. Physical exam shows tenderness over the trapezius muscles, and decreased cervical range of motion. MRI of the cervical spine showed degenerative disc disease at C5-7 and moderate foraminal stenosis. Prior treatment has included NSAIDs, activity modification, home exercise program, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
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**Decision rationale:** CA MTUS notes that the purpose of CESI is to reduce pain and inflammation, restore range of motion and thereby facilitate progress in more active treatment programs as well as avoid surgery. However, this treatment alone offers no significant long-term functional benefit. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient there are no objective

signs of specific nerve root involvement on physical exam and MRI does not demonstrate any neuro-compressive signs. There is no documentation of any significant findings suggestive of neurological dysfunction, and there is no corroboration of radiculopathy on provided diagnostic studies. Therefore, the medical necessity of an epidural steroid injection is not established at this time.

