

<b>Case Number:</b>	CM14-0051450		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/09/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 American Board of Orthopedic Surgery 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 51-year-old female whose date of injury of March 9, 2013. The mechanism of injury reported was a forward fall down the stairs. The most recent progress note provided is dated April 18, 2014 indicating the claimant presents for follow-up, status post cervical epidural steroid injection on April 7, 2014. The claimant felt no relief from the injection. Ultracet, and Cymbalta were taken to help relieve the neck pain. Physical examination reveals restricted and painful motion of the cervical spine, tenderness in the midline at C4-5-6, and tenderness of the facet joints bilaterally at C4-5-6. Spurling's test is positive, and a spasm of the right trapezius muscle is noted. The right shoulder exam reveals a tender subacromial bursa and limited shoulder movements with pain. Hyperesthesia is noted in the hands and fingers of the upper extremities. The treatment recommendation is for cervical facet medial branch block at C4, C5, and C6 bilaterally. An operative report dated May 8th 2014 indicates that the claimant underwent cervical medial branch blocks bilaterally at C4, C5, and C6. Indicates that the claimant underwent cervical epidural steroid injection on the right side at C6-7 with the catheter tip at C5-6. It is not clear exactly which level the ESI was performed at, as the preceding encounter note dated March 21, 2014 indicates that this was to be provided at the C5-6 level. On March 14, 2014. An ultrasound guided bursa injection of the right shoulder resulted in a tremendous decrease in pain intensity. Rehabilitation notes from April 2013 reference that the claimant has been provided physical therapy as well. A previous review for lumbar epidural steroid injection between March 6, 2014 and April 20, 2014 was considered not medically necessary on March 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection (Unspecified Levels And Laterality): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 46.

**Decision rationale:** Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the guidelines. Specifically, there is no documentation of focal neurologic findings in this setting of multilevel disease. The medical record accompanying this request does not meet guideline criteria for the proposed epidural steroid injection. Furthermore, the request does not indicate the level or laterality at which the injection was intended, which is absolutely necessary to evaluate guidelines support. As such, this request is not medically necessary.