

<b>Case Number:</b>	CM14-0055086		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/28/2006
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Nevada. 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 47-year-old female who was reportedly injured on September 28, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated January 21, 2014, indicates that there are ongoing complaints of neck pain and right upper extremity pain as well as low back pain. Current medications include OxyContin. The physical examination demonstrated tenderness and spasms along the cervical spine and upper back. There was decreased cervical spine range of motion. Examination of the lumbar spine also noted tenderness along the paraspinal muscles and decreased range of motion. Decreased grip strength of the right hand was noted. Diagnostic imaging studies of the lumbar spine indicated facet arthropathy and an annular fissure at L5 - S1. Previous treatment was not discussed. A request was made for a cervical spine epidural steroid injection and was not certified in the pre-authorization process on March 27, 2014.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 OF 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the use of epidural steroid injections includes the presence of a radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The recent medical examination dated January 21, 2014 does not indicate any objective findings of radiculopathy. Additionally there is no documentation of a cervical spine magnetic resonance image. Furthermore this request does not state which levels are to be injected. As such, this request for a cervical spine epidural steroid injection is not medically necessary.