

<b>Case Number:</b>	CM14-0056855		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/27/2001
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 & 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 injured worker is a 55-year-old female who reported an injury on 09/27/2001. The mechanism of injury was not provided with the documentation. Prior treatments were noted to be physical therapy, psychotherapy, medications, injections, and surgery. The injured worker's diagnosis was noted to be postlaminectomy syndrome of the cervical region, degenerative lumbosacral intervertebral disc, postlaminectomy syndrome of the lumbar region, lumbago, thoracic lumbosacral neuritis/radiculitis unspecified, spasm of muscle, and injury to lumbar nerve root. A clinical evaluation on 04/02/2014 noted the injured worker with complaints of low back pain that radiated to her legs. The physical examination noted the injured worker otherwise healthy and appearing stated age. The exam also notes no acute distress, she was alert and oriented with no signs of sedation or withdrawal, and appropriate otherwise. Vital signs were within normal limits and it was noted that there were no new neurological deficits. The treatment plan was to continue medication management. The provider's request was not provided within the documentation. A Request for Authorization for medical treatment was provided and dated 04/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and should be in conjunction with other rehab efforts, including continuing a home exercise program. The clinical evaluation states a report for a lumbar MRI; however, there is not a report for a cervical MRI. The evaluation notes a thoracic, lumbosacral neuritis/radiculitis diagnosis but lacks cervical radiculitis. Further documentation would be necessary to provide documented evidence of radiculopathy within the cervical spine. In addition, a neurological examination with positive Spurling's test, decreased reflexes, decreased strength, and decreased sensation to a specific dermatome would be supportive of radiculopathy in the cervical spine. The provider failed to indicate a location in the cervical spine for the epidural steroid injection within the request. Therefore, the request for cervical epidural steroid injection as an outpatient is not medically necessary.