

<b>Case Number:</b>	CM14-0098148		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/17/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Preventive Medicine, and is licensed to practice in Texas. 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 75 Year old female who was injured at work on 02/17/2011 She had an intralaminar injection in her C7-T1 on, 04/ 7/2014, but she returned back to her doctor on 06/17/2014 complaining of 8-9/10 pain in her neck and the right shoulder blade. The physical examination was unremarkable but for marked weakness of right triceps. An MRI done on 09/17/2013 revealed Non-compressing bulging disc, Uncovertebral bulging disc and moderate neuroforaminal narrowing at C6-7. She has been diagnosed of Cervicalgia with degenerative disc disease at C6-7 and Uncovertebral spurring causing moderate foraminal stenosis. She had been treated with Physical therapy, Gabapentin; but she is currently taking Citracal +D Caplet 315-200mg-unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection at C6-C7 with moderate sedation and fluroscopy guidance:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 02/17/2011. The medical records provided indicate the diagnosis of Cervicalgia with degenerative disc disease at C6-7 and Uncovertebral spurring causing moderate foraminal stenosis. She had a 100% improvement in pain but the pain worsened after about 12hours. She is currently taking Citracal +D Caplet 315-200mg-unit. The medical records provided for review do not indicate a medical necessity for. The MTUS does not recommend epidural steroid injection in the absence of a documented evidence of radiculopathy confirmed by either MRI or nerve studies. Furthermore, the MTUS recommends that repeat blocks be based on continued objective documented pain and functional improvement, with pain reduction of 50% or more lasting about six to eight weeks. During this period, the patient is expected to require less use of medications. The records reviewed failed to provide clinical evidence of radiculopathy, and there were no MRI or nerve studies confirming radiculopathy. Therefore, the requested test is not medically necessary.