

<b>Case Number:</b>	CM13-0051598		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/04/2008
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 56 year old female with a date of work injury 1/4/2008. The diagnoses include neck pain; failed back surgery syndrome cervical; myalgia and myositis, unspecified; muscle weakness (generalized), facet arthropathy; degenerative disc disease cervical radiculopathy, cervical; and chronic pain due to trauma. Under consideration are requests for a right transforaminal epidural steroid injection at C4-C5 under fluoroscopy and IV sedation. There is a 10/21/13 document that states that the patient's previous right C5 transforaminal epidural steroid injection provided 60% pain relief in the right arm and C spine for months. As this has been worsening she is requesting a repeat. The document states that her MRI reveals evidence of a broad based disc bulge contacting the cord at C3-4 and C4-5 above her anterior fusion. The patient comes to follow-up complaining of unchanged moderate severe neck pain with is also in the right shoulder, right arm, bilateral upper back, mid back, toes and feet. On physical exam of the neck there is tenderness of the right shoulder, facet, pericervical, suboccipital triangle right, trapezius, and right arm. There is a positive axial compression test. There is decreased right deltoid patch sensation and medial right arm sensation. There is range of motion restrictions. The patient has occipital neuralgia with pain traveling over the occiput to the eye. 10/21/13 medications included Motrin, Cymbalta, Nexium, Docusate Sodium, Fentanyl, Alprazolam, Propranolol HCL, Flexeril, Tramadol HCL, Trental, Primrose Oil, Lipitor, and Senokot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right transforaminal epidural steroid injection at level C4-C5 under Fluoroscopy and IV sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 10/14/13), Epidural steroid injections (ESIs)

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

**Decision rationale:** A right transforaminal epidural steroid injection at C4-C5 under fluoroscopy and IV sedation is not medically necessary per the MTUS Chronic pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate C4-C5 exam findings of radiculopathy that are supported by objective imaging or Electrodiagnostic studies. Additionally, it is unclear exactly how long the original epidural injection lasted and whether there was a reduction of medication for 6-8 weeks. For these reasons, the request is not medically necessary.