

<b>Case Number:</b>	CM14-0192874		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Family Medicine 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:

Injured worker is a 46 year old female with a date of injury 9/7/11. The mechanism of injury is due to unloading boxes and lifting a big heavy box. MD office note dated 9/24/14 states patient complained of cervical spine pain rated 8/10 with headache. She had spasm, positive Spurling's test. The patient was diagnosed with sprain of neck and degeneration of cervical intervertebral disc. The request is for cervical epidural steroid injection Claimant's current medications include Tramadol, Naproxen Sodium, and Tizanidine. MRI dated 1/25/14 revealed C6-C7 had a new herniated disc 3.5 mm compressing the anterior cervical spinal cord. The C4-5 disc was also protruding but did not change much in size from the last MRI. Other treatments used were trigger point injections, states "had helped". The level requested for the ESI is not documented in the medical record. CA MTUS guidelines do not support this request.

### 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 Injection (ESIs) Page(s): 46.

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

**Decision rationale:** Regarding the request for epidural steroid injection, guidelines recommend it as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for use of epidural steroid injections includes: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The request is not reasonable as there is no documentation of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing or that pain was unresponsive to conservative treatments. Also the level requested was not specified therefore the request is not medically necessary.