

<b>Case Number:</b>	CM14-0193351		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/28/2014
<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 Ohio. 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 was a female who suffered continual injury from February 18, 1997 through January 22, 2010 to the lower back. The injured worker was seen several times in the emergency department for lower back discomfort. On April 16, 2011 a Magnetic Resonance Imaging (MRI) of the cervical spine was completed, which noted a posterior protrusion/extrusion of C4-C5, C5-C6 with bilateral foraminal stenosis. The injured worker has tried physical therapy in the past, rest and medications, acupuncture, epidural injections and modified work. Work restrictions consisted of limited lifting no greater than 15 pounds. The injured worker was also involved in a motor vehicle accident where the car was T-boned. After this the injured worker had marked increase of pain to the cervical neck and lumbar spine. On January 3, 2014 the injured worker had a repeat Magnetic Resonance Imaging (MRI); the results were no submitted in the documentation sent for review. On 10-16-2014 the injured worker had neck pain radiating into the right arm. The exam revealed numbness correlating with the C5-C6 dermatome and a positive Spurling's test. On October 26, 2014 the UR denied pain management consult for cervical epidural steroid injection, due to MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with pain management for cervical epidural steroid injections (ESIs): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Epidural steroid injection (ESI)

**Decision rationale:** Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The patient must first be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this instance, there is evidence of correlative MRI findings of nerve root compression and physical findings of numbness in the same nerve root distribution. The physical evidence is further supported by a positive Spurling's test. Therefore, consultation with pain management for cervical epidural steroid injections (ESIs) is medically necessary.