

<b>Case Number:</b>	CM14-0199001		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	07/26/2006
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 46-year-old woman with a date of injury of 07/26/2006. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/23/2014 and 11/12/2014 indicated the worker was experiencing total body pain, neck pain that went into both arms with numbness and tingling, and lower back pain that went into both legs. Documented examinations consistently described tenderness in the upper and lower back with tightness; decreased motion in the upper and lower back joints; positive testing involving raising each straightened leg; and positive Tinel, carpal tunnel compression, and Phalen testing. The submitted and reviewed documentation concluded the worker was suffering from carpal tunnel syndrome in both wrists, shoulder impingement on both sides, multilevel cervical and lumbar discopathy, fibromyalgia, major depression, and chronic pain syndrome. Treatment recommendations included injected pain medication, oral medications, and medication injected near the upper back spinal nerves. A Utilization Review decision was rendered on 11/19/2014 recommending non-certification for bilateral C5-6 cervical epidural injection using fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C5-C6 cervical epidural using fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

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

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement and at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks. The submitted and reviewed records. This documentation reported the findings of several MRI imaging studies and electrodiagnostic studies which were not consistent with radiculopathy. These records also described significant improved pain intensity and function with the use of a conservative treatment plan. For these reasons, the current request for bilateral C5-6 cervical epidural injection using fluoroscopy is not medically necessary.