

<b>Case Number:</b>	CM14-0202933		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Hospice & Palliative Medicine 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 54-year-old woman with a date of injury of 04/18/2014. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 11/13/2014 indicated the worker was experiencing neck pain that went into both arms and arm numbness and tingling. The documented examination described tenderness in the upper back with decreased motion in the upper back joints and a decreased right grip strength. The submitted and reviewed documentation concluded the worker was suffering from cervical disk protrusions, cervical facet arthropathy, foraminal stenosis, and cervicalgia with bilateral cervical radiculitis. Treatment recommendations included a cervical epidural injection, pain medications, and follow up care. A Utilization Review decision was rendered on 11/24/2014 recommending non-certification for a cervical epidural injection under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural injection under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter

**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 indicated the worker was experiencing neck pain that went into both arms and arm numbness and tingling. The documented examination did not describe findings sufficiently consistent with radiculopathy. There was no discussion indicating the level of the upper back that was responsible for the worker's symptoms or that required injected medications. In the absence of such evidence, the current request for a cervical epidural injection under fluoroscopic guidance is not medically necessary.