

<b>Case Number:</b>	CM14-0207739		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	01/30/2002
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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:

The injured worker is a 61-year-old female who reported an injury on 01/30/2002. The mechanism of injury was not provided within the submitted documentation. Her diagnoses include cervical radiculitis, cervical fusion, cervical facet arthropathy, and cervicgia. Her past treatments include medications and a cervical facet block. Pertinent diagnostic studies were not provided within the submitted documentation. Her surgical history was noncontributory. On 12/15/2014, the patient reported with cervical pain rated 8/10 and had noted increased flare-ups. Upon physical examination, the patient was noted to have a negative Hoffmann's sign. Range of motion in the cervical area was noted to be 50% upon lateral flexion and rotation. Her medications were noted to be Norco 10/325 1 per day and Flexeril 1 per day. The treatment plan included to continue to recommend a facet block radiofrequency rhizotomy, maintain current medications, exercise modification, future physical therapy needs, long term goal of opiate tapering, and serial patient activity report review and quarterly urine toxicology. The rationale for the request was not provided within the submitted documentation for review. A Request for Authorization form dated 11/26/2014 was provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Cervical Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

**Decision rationale:** The request for 1 cervical epidural steroid injection is not medically necessary. The patient has chronic neck pain. The California MTUS Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment, and injections should be performed using fluoroscopy for guidance. The documentation submitted for review failed to provide evidence of radiculopathy on physical examination. Additionally, there were no imaging studies or electrodiagnostic testing to corroborate radiculopathy. Moreover, there was no indication that the injured worker had failed conservative treatment such as physical methods including physical therapy, a home exercise program, NSAIDs, or muscle relaxants. Furthermore, the request as submitted did not indicate that the injection would be performed using fluoroscopy for guidance. Additionally, the request as submitted failed to indicate the levels as to which the injection would be performed. Therefore, the request as submitted fails to support the evidence based guidelines. As such, the request for 1 cervical epidural steroid injection is not medically necessary.