

<b>Case Number:</b>	CM15-0105536		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 (IW) is a 44-year-old female who sustained an industrial injury on 10/23/2013. Diagnoses include cervicalgia, cervical radiculitis and sciatica. Treatment to date has included medications, cervical epidural steroid injections and physical therapy. According to the PR2 dated 5/11/15 the IW reported sharp pain in the left cervical area radiating into the shoulder. After two cervical epidural steroid injections, she stated the pain remained the same quality, intensity and character. She stated that each injection helped her functionality and pain overall. Lyrica and Percocet were also helpful. On examination, she guarded her arms. There was tenderness to the paracervicals and the scalene muscle and trapezius trigger point pain. Cervical muscles were weakened in all planes as were the muscles tested in the left shoulder, arm and hand. Sensation was decreased in the C5 through T1 dermatomes on the left. A request was made for bilateral C3-C4 cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C3-C4 Cervical epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 46.

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. After two cervical epidural steroid injections, the patient stated the pain remained the same with no functional improvement. Bilateral C3-C4 Cervical epidural steroid injection is not medically necessary.