

<b>Case Number:</b>	CM15-0106474		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	09/30/2009
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Emergency 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:

This 55 year old woman sustained an industrial injury on 9/30/2009. The mechanism of injury is not detailed. Diagnoses include chronic pain syndrome, spinal enthesopathy, neck pain, cervical radiculopathy, fasciitis, thoracic outlet syndrome, and shoulder pain. Treatment has included oral and topical medications, physical therapy, TENS unit therapy, and Scalene injection. Physician notes dated 3/26/2015 show complaints of neck, shoulder, left knee, left heel, left elbow, and bilateral wrist pain. The worker rates the pain as 9/10 with medications and 10/10 without medications. Recommendations include begin Butrans patch, Norco, Nortriptyline, sonata, cervical epidural steroid injection, neurostimulator treatment, core muscle strengthening, and future physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Injections (ESIs).

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if criteria is met. 1) Patient does meet basic radicular criteria in most recent progress notes. Meets criteria. 2) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for ESI except for pain management. There is no long-term plan documented. Fails criteria. 3) Unresponsive to conservative treatment. Documentation supports prior attempt with conservative care with no improvement. Meets criteria. 4) MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8weeks. There is claim of "65%" improvement in pain that lasted for 7 weeks however, there is no corroborating objective evidence of this claim. There is no documentation of decrease in pain medication use. Provider claiming that this improvement was also due to Percutaneous Electrical Nerve stimulation also confounds this claim. Patient does not meet multiple criteria. Cervical epidural steroid injection is not medically necessary.