

<b>Case Number:</b>	CM15-0109081		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	08/17/2011
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 50-year old female, with a reported date of injury of 08/17/2011. The diagnoses include cervical spine sprain/strain, cervical radiculopathy, cervical degenerative disc disease, and cervical spondylosis. Treatments to date have included oral medications, injections, chiropractor, ice, heat, and an MRI of the cervical spine. The medical report dated 04/23/2015 indicates that the injured worker stated that her pain was unchanged since the last appointment. The pain continued to be in her neck with radiation into the bilateral shoulders, upper extremities, and head. There was associated numbness in fingers 1-4 on the right hand and anterior right arm. The average pain was rated 7 out of 10; the highest rating was 10 out 10; and the lowest rating was 5 out of 10. The physical examination showed decreased sensation in the C6-7 dermatomes of the right upper extremity and in the right lateral deltoid, motor upper extremity 4+ power with right shoulder abduction biceps and wrist pronation and supination, and trace reflexes. It was noted that the injured worker had motor and sensory findings on examination today, which strongly support cervical radiculopathy. The treating physician requested cervical epidural steroid injection times three. The physician stated that if the injured worker did not receive injections, it was felt that the injured worker would become a long-term medication management injured worker. Patient sustained the injury due to a slip and falls incident. Patient has received an unspecified number of PT visits for this injury. The patient has had MRI of the cervical spine on 1/26/12 that revealed disc protrusion and foraminal narrowing. The medication list include Norco, Percocet, Tramadol, Omeprazole and NSAID and Muscle relaxant. The patient's surgical history includes right shoulder surgery in July 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical epidural steroid injections x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

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

**Decision rationale:** Request: Cervical epidural steroid injections x 3 The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline, criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing was not specified in the records provided. Consistent objective evidence of upper extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for cervical epidural steroid injections x 3 is not medically necessary for this patient.