Case Number:	CM15-0017818		
Date Assigned:	02/05/2015	**Date of Injury:**	09/12/2008
Decision Date:	04/20/2015	**UR Denial Date:**	01/21/2015
Priority:	Standard	**Application Received:**	01/30/2015

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: New York, Tennessee
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:

The injured worker was a 52 year old female, who sustained an industrial injury, September 12, 2008. According to progress note of January 6, 2015, the injured workers chief complaint was neck pain which radiates down the left arm. The injured worker stated the pain was 8 out of 10; 0 being no pain and 10 being the worse pain. The injured worker was complaining of poor sleep but no change in functional level. The physical exam noted the cervical flexion was limited to 35 degrees; extension was limited to 25 degrees, due to pain. There was tenderness in the paracervical muscles, rhomboids and trapezius muscles. Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremities. The injured worker was diagnosed with headaches with nausea, spine/lumbar degenerative disc disease, low back pain, lumbar facet syndrome, cervical pain, depression, C5-C6 radiculopathy, left carpal tunnel syndrome, lumbar radiculopathy, lumbar discogenic pain, anxiety and difficulty walking. The injured worker previously received the following treatments Norco, Provigil, Pristiq, Ultram Er, 6 sessions of acupuncture for the lumbar/sacrum, epidural steroid injections to L4-L5, epidural steroid injection to L3-L4, EMG/NCS (electromyography and nerve conduction studies) of the left upper extremity on December 15, 2014 which showed C5-C6 radiculopathy and EMG/NCS (electromyography and nerve conduction studies of the right upper extremity. On January 14, 2015, the primary treating physician requested authorization for a cervical epidural steroid injection to the left C7-T1 for cervical pain and left carpal tunnel syndrome. On January 21 2015, the UR denied authorization for a cervical epidural steroid injection to the left C7-T1. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection left C7-T1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case diagnosis of radiculopathy is not supported by the documentation in the medical record and there is no corroboration by imaging studies. The request should not be authorized.