

<b>Case Number:</b>	CM15-0133694		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	04/13/2001
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: North Carolina, Georgia

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 44 year old female with an industrial injury dated 04/13/2001. Her diagnoses include cervicgia and cervical spondylosis. Prior treatment included physical therapy and medications. She presented on 05/27/2015 with neck pain described as constant and is radiating to the left shoulder. The frequency of episodes is daily and occurs in the evening. Triggers include movements and lying down. She would like to try neck injections for her pain. She reports significant improvement in pain and daily functions with pain medication. Physical exam noted tender facet joints with cervical spine palpation. Gait was normal. MRI of the cervical spine dated 02/10/2015 showed no fracture or subluxation. At cervical 5-6 there was mild left neural foraminal stenosis secondary to 3 mm ligamentum flavum thickening and 2 mm asymmetric disc bulge to the left. Treatment request was for cervical epidural steroid injection at C5-6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection at C5-6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2  
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**Decision rationale:** CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is documentation of radicular pain consistent with imaging findings, which has persisted despite conservative therapies. Epidural steroid injection C5-6 is medically necessary.