

<b>Case Number:</b>	CM15-0136565		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	10/10/2014
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 45 year old female patient who sustained an industrial injury on 10/10/2014. A recent primary treating office visit dated 02/19/2015 reported the treating diagnoses of neck sprain, lumbosacral sprain, and thoracic sprain. She is prescribed to return to a full work duty. The following visit dated 03/09/2015 reported subjective complaints as "same" and objective findings showed paracervical tenderness to palpation. The diagnoses are unchanged. She is to continue with acupuncture session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical ESI at C7-T1 Qty:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, there is no documentation to support any recent initiation and failure with conservative treatments. There is no clinical radiological and EMG documentation of radiculopathy at the requested levels. Therefore, the request for Cervical ESI at C7-T1 Qty:1 is not medically necessary.

**Lumbar transforaminal ESI at right L4-L5 and S1 Qty:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit, however there is no significant long term benefit or reduction for the need of surgery. The patient is not candidate for surgery. In addition, there is no clear evidence from the physical examination of radiculopathy. There is no recent EMG study or radiological evidence documenting radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. The patient is requesting to inject 3 levels which is not recommended by MTUS guidelines. Therefore, lumbar transforaminal ESI at right L4-L5 and S1 Qty:1 is not medically necessary.