

<b>Case Number:</b>	CM15-0148871		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	05/14/2014
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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 59-year-old female who sustained an industrial injury on 05-14-14. She reported pain in multiple body parts status post fall. The injured worker is diagnosed with brachial neuritis or radiculitis not otherwise specified degeneration of cervical intervertebral disc, spinal stenosis in cervical region, and cervical radiculopathy. Diagnostic testing and treatment to date has included radiographic imaging, acupuncture, physical therapy, and non-steroidal anti-inflammatory medication. Currently, the injured worker complains of bilateral shoulder-scapular pain that radiates to anterior, posterior upper arms, and daily pain from distal radial forearms to thumbs bilaterally. In a progress note dated 07-17-15, the treating provider reports examination of the cervical spine is positive for tenderness of the rhomboid; range of motion is painful and 5/5 strength. Neurological exam is positive for hyperactive right and left biceps reflex; Spurling's test is positive and mildly positive Finkelstein's test bilaterally. She has not fully responded to current treatment. Requested treatments include (R) cervical Transforaminal Epidural Steroid Injection C5-6. The injured worker is under full duty. Date of Utilization Review: 07-22-15. The medication list includes Acetaminophen, Cyclobenzaprine, and hydrocodone. The patient has had X-ray of the cervical spine on 3/2/15 that revealed loss of disc height.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(R) Cervical Transforaminal Epidural Steroid Injection C5-6: Upheld**

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

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

**Decision rationale:** Cervical Transforaminal Epidural Steroid Injection C5-6 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. The patient had received an unspecified number of PT visits for this injury. 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 the request for Cervical Transforaminal Epidural Steroid Injection C5-6 is not medically necessary for this patient.