

<b>Case Number:</b>	CM15-0160430		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	06/13/2005
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 65 year old female, who sustained an industrial injury on June 13, 2005. Treatment to date has included diagnostic imaging and opioid medications. Currently, the injured worker complains of pain in the neck, upper back, lower back, bilateral shoulder and arm, and bilateral wrist and hand. On physical examination the injured worker has intact sensation to the left lateral shoulder, the left thumb tip, and the left small tip. The diagnoses associated with the request include cervical disc disease and cervical radiculopathy. The treatment plan includes cervical epidural steroid injection, and chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cervical Epidural Injection at Bilateral C3-4 and C4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, ASIPP Guidelines.

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

**Decision rationale:** Regarding the request for Cervical Epidural Injection at Bilateral C3-4 and C4-5, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, there are recent subjective complaints but not physical examination findings supporting a diagnosis of radiculopathy, no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy at all of the levels requested, and no documentation of how much of a reduction in medication use for 6 to 8 weeks and functional improvement following previous epidural injections. In the absence of such documentation, the currently requested Cervical Epidural Injection at Bilateral C3-4 and C4-5 is not medically necessary.