

<b>Case Number:</b>	CM15-0167145		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	08/12/2009
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48-year-old female, who sustained an industrial injury on August 12, 2009, incurring upper back and neck injuries. She was diagnosed with cervical degenerative disc disease cervical spinal stenosis and cervical facet degenerative disease. He underwent a cervical laminectomy and cervical fusion. Treatment included physical therapy, epidural steroid injection, Magnetic Resonance Imaging, pain medications, sleep aides, and anti-inflammatory drugs. Currently, the injured worker complained of persistent pain in her neck radiating down into her right shoulder. She noted difficulty sleeping due to the chronic pain. She had increased spasms, tenderness and tightness in her muscles. Muscle strength was decreased in the right upper extremity. The treatment plan that was requested for authorization included one transforaminal cervical epidural steroid injection of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One transforaminal cervical epidural steroid injection at the levels of C5-C6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The patient presents with persistent pain in the neck radiating down into the right shoulder. The current request is for one transforaminal cervical epidural steroid injection level C5-C6. The treating physician states, in a report dated 07/22/15, "She does report increasing radicular pain from neck down into right shoulder and right arm. Pending authorization for repeat CESI - previous provided patient with >75% relief for >4 months." (72B) MRI of the Cervical Spine Date: 02/19/13. Significant findings include: C4-5 degenerative disc disease. There is 2mm retrolisthesis of C4 on C5. There is no more than a mild spinal facet degenerative disease. (73-74B) The MTUS guidelines state, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." In this case, the treating physician has documented radiculopathy and positive cervical MRI findings. Prior cervical epidural steroid injection resulted in >75% relief over at least 4 months. The current request is medically necessary.