

<b>Case Number:</b>	CM15-0167454		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	01/25/2004
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/24/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 49-year-old female, who sustained an industrial injury on 1/25/04. The injured worker has complaints of cervical spine pain. The documentation noted cervical spine tenderness. The diagnoses have included acute musculoskeletal injury; chronic pain and cervicalgia. Treatment to date has included magnetic resonance imaging of the cervical spine on 3/19/14 showed multiple levels of mild spinal canal stenosis and moderate to severe bilateral foraminal stenosis at C4-5, C5-6 and C6-7; exalgo; Lidoderm patches; tramadol; gabapentin; naproxen; klonopin and baclofen. The request was for cervical epidural steroid injections C3-C4 and C4-C5 quantity two.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injections C3-C4 and C4-C5 Qty: 2: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, Page(s): 46.

**Decision rationale:** The claimant has a remote history of a work-related injury in January 2004 and is being treated for chronic neck and upper extremity pain and has a history of cervical spine surgery in 2010. An MRI of the cervical spine in March 2014 included findings of bilateral multilevel moderate to severe foraminal stenosis. When seen, she was having cervical spine and right upper extremity pain. Physical examination findings included cervical spine tenderness with decreased range of motion. There was decreased bilateral first dorsal interosseous weakness. Decreased right upper extremity sensation is documented. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased upper extremity strength and sensation. The claimant is having radicular symptoms as well as symptoms of ulnar neuritis and may have a double crush syndrome. Imaging is reported as showing findings consistent with radiculopathy. The requested epidural steroid injection was medically necessary.