

<b>Case Number:</b>	CM15-0190237		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/17/2004
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 60-year-old female, with a reported date of injury of 05-17-2004. The diagnoses include cervical radiculopathy and cervical discogenic spine pain. Treatments and evaluation to date have included Percocet, Topamax, Lidoderm 5% patch, Lunesta, and physical therapy. The diagnostic studies to date have included a urine drug screen on 09-16-2014. The follow-up report dated 09-01-2015 indicates that the injured worker reported continued neck and arm pain, which had worsened since the prior visit. The injured worker had tingling in the bilateral hands. Her current pain rating on a good day was 5 out of 10; her current pain rating on a bad day was 8 out of 10; her previous pain rating on a good day was 6 out of 10; and her previous pain rating on a bad day as 9 out of 10. The physical examination showed tenderness in the cervical spine regions; a normal posture; bilateral cervical spasm; diminished strength in the bilateral upper extremities; decreased sensation to pinprick in the right C7 and left C7; and decreased sensation to light touch in the left upper extremity. The treatment plan included cervical epidural steroid injection. The injured worker's work status was noted as permanent and stationary. The request for authorization was dated 09-02-2015. The treating physician requested cervical epidural injection at C7-T1, with anesthesia, x-ray, and fluoroscopic guidance. On 09-16-2015, Utilization Review (UR) non-certified the request for cervical epidural injection at C7-T1, with anesthesia, x-ray, and fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural injection at C7-T1 with anesthesia, fluoroscopic guidance and x-ray:**  
Upheld

**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 claimant has a remote history of a work injury occurring in May 2004 and continues to be treated for neck and arm pain. In February 2015, the report references at least 50% improvement after a prior cervical epidural injection. When seen in September 2015, she was having ongoing neck and arm pain that had worsened. She was having bilateral hand tingling. She was taking medications without side effects. Physical examination findings included a body mass index over 33. There was cervical spine tenderness. Although diminished left upper extremity and right upper extremity strength is referenced, manual muscle testing of the upper extremities was normal. There was decreased bilateral C7 distribution sensation. Authorization was requested for a cervical epidural injection. In the therapeutic phase, guidelines recommend that a repeat epidural steroid injection 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. In this case, the duration of pain relief following the previous injection is not documented. There are no reported imaging findings or electrodiagnostic testing that corroborate a diagnosis of cervical radiculopathy. Strength testing is being inconsistently reported. The requested repeat epidural steroid injection is not medically necessary.