

<b>Case Number:</b>	CM15-0193275		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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

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 38 year old female, who sustained an industrial injury on 9-30-2013. The injured worker is undergoing treatment for: post-concussion syndrome, cervical strain, thoracic strain, and lumbosacral strain. On 7-16-15, she reported pain between the shoulder blades and low back. She indicated having low back pain radiation into the posterior legs. Her neck is reported to have good range of motion, tenderness in the paraspinous cervical spine, tenderness in the thoracic spine, positive straight leg raise testing, "questionably positive" Faber test. On 7-23-15, the patient reported ongoing neck pain with weakness of the upper extremities and decreased sensation of the legs and arms. Physical exam findings revealed spasm in the paraspinals, good range of motion to the hips, knees and ankles, no focal weakness, 3 plus reflexes, positive Hoffman's. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the cervical spine (4-12-14), reported as being normal, electrodiagnostic studies (date unclear) reported as being normal, heat and massage. Current work status: temporarily totally disabled. The request for authorization is for: cervical spine epidural steroid injection at C6-7. The UR dated 9-4-2015: non-certified the request for cervical spine epidural steroid injection at C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical spine epidural steroid injection, C6-7 level: Upheld**

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

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

**Decision rationale:** Review indicates the patient underwent MRI of the cervical spine (4-12-14), reported as being normal and Electrodiagnostic studies (date unclear) also reported as being unremarkable. The patient continues to report diffuse weakness and decreased sensation in both upper and lower extremities. Current clinical findings noted good range with tenderness. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not demonstrated here. EMG/NCV of upper extremities has no clear cervical radiculopathy. Submitted reports have not adequately demonstrated any neurological deficits or significant findings of radiculopathy. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in functional status. The cervical spine epidural steroid injection, C6-7 level is not medically necessary and appropriate.