

<b>Case Number:</b>	CM15-0193823		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Pennsylvania, Ohio, 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 58 year old female, who sustained an industrial injury on 7-31-13. She reported pain in the right posterior shoulder and trapezius area and low back pain. The injured worker was diagnosed as having cervical sprain and strain, sprain of shoulder and upper arm, lumbar sprain and strain, and injury to right median nerve. Treatment to date has included medication such as Zanaflex and Ultram ER. A MRI obtained on 1-17-14 revealed C4-5 and C5-6 spondylosis. On 7-30-15 physical examination findings included paraspinal muscle tenderness. Decreased cervical spine range of motion was noted. On 7-30-15, the injured worker complained of pain in the cervical spine. The treating physician requested authorization for a C7-T1 epidural steroid injection. On 9-22-15 the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C7-T1 Epidural steroid injection Qty: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. Additionally recent guidance from ODG is more specific and notes that steroid injection into the cervical region has substantial risks of serious and irreversible neurological adverse events, including stroke, spinal cord infarction, or even death. Thus treatment guidelines strongly discourage cervical epidural injections. The records do not provide an alternate rationale to support such treatment in this case.