

<b>Case Number:</b>	CM15-0194367		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/25/1996
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/09/2015
<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: California, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 64 year old female, who sustained an industrial injury on 1-25-96. The injured worker is diagnosed with intermittent bilateral C7 radiculopathy and C5-C6 and C6-C7 disc degeneration. Her work status is temporary total disability. Notes dated 5-4-15 - 8-11-15 reveals the injured worker presented with complaints of neck pain that radiates into her shoulders bilaterally and upper extremities. Physical examinations dated 5-4-15 - 8-11-15 revealed tenderness over the base of the neck and trapezius musculature bilaterally. There is decreased sensory noted over the right C6 dermatome distribution. Treatment to date has included medications, which reduces her pain from 8 out of 10 to 5-7 out of 10, per note dated 8-11-15 and cervical facet injection. Diagnostic studies to date have included cervical spine MRI (2-2015), which revealed degenerative disc disease and spondylosis at C5-C6 and C6-C7, mild right C5-C6 and moderate left neural foraminal narrowing, C6-C7 mild to moderate right and moderate to severe left neural foraminal narrowing and mild cervical spinal stenosis at C6-C7, per physician note dated 8-11-15. An upper extremities electrodiagnostic studies (4-2015) revealed left C6-C7 radiculopathy and moderate right carpal tunnel syndrome per physician note dated 8-11-15. A request for authorization dated 8-11-15 for extension of repeat cervical epidural steroid injections C6-C7 (retrospective date of service 8-11-15) is denied, per Utilization Review letter dated 9-9-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Extension of repeat Cervical Epidural Steroid Injections C6-C7 DOS:  
8/11/2015:** 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:** According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46 "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants)." In this case the exam notes from 8/11/15 do not demonstrate a radiculopathy that is specific to a dermatome on physical exam. In addition, there is lack of evidence of failure of conservative care. Therefore, the determination is for non-certification.