

<b>Case Number:</b>	CM15-0201536		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	10/20/2013
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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:

This injured worker is a 46 year old female who reported an industrial injury on 10-20-2013. Her diagnoses, and or impressions, were noted to include: chronic pain syndrome; pain in joints of multiple sites; and brachial neuritis or radiculitis. No imaging studies were noted. Magnetic resonance imaging of the cervical spine was noted requested on 4-29-2015, and said to have been done but were not noted in the medical records provided. Her treatments were noted to include: medication management with toxicology screenings; and rest from work. The progress notes of 8-19-2015 reported complaints which included: ongoing bilateral upper extremity and bilateral shoulder pain, asking questions about the painful condition and requests for further treatments; that her ongoing pain was typically severe without treatment on a regular basis; that her pain was exacerbated by periods of increased activity, and was partially relieved by use of analgesic medications and various types of injection therapy; that her pain was lessened by her current treatment regimen, allowing her to achieve a higher degree of daily function; that acupuncture was not very helpful and that her neck was an accepted body part in her claim; that she wanted to discuss her magnetic resonance imaging findings, and that she could no longer work at her job. The objective findings were noted to include: a review of the magnetic resonance imaging studies, discussed with the injured worker, noting foraminal stenosis with nerve root issue, causing numbness and weakness in her arms. The physician's requests for treatment were noted to include cervical epidural steroid injection. The Request for Authorization, dated 8-19-2015, was noted for bilateral cervical 5 transforaminal epidural steroid injections to alleviate pain, spasms and cervical numbness. The Utilization Review of 9-29-2015 non-certified the request for bilateral cervical 5 transforaminal epidural steroid injection, with moderate sedation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Transforaminal epidural steroid injection at bilateral C5 QTY:1: 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:** 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 8/19/15 do not demonstrate a radiculopathy that is specific to a dermatome on physical exam. There is no correlating EMG study or imaging study that is consistent with C5 cervical radiculopathy. In addition there is lack of evidence of failure of conservative care. Therefore, the request is not medically necessary.

### **Moderate Sedation QTY:1: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.