

<b>Case Number:</b>	CM15-0022647		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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 49-year-old female, who sustained an industrial injury on May 6, 2013. The injured worker had reported a back injury. The diagnoses have included lumbar disc syndrome, lumbar radiculopathy, postsurgical syndrome, cervical disc syndrome and cervical radiculitis. Treatment to date has included medications, radiological studies and a lumbar laminectomy. Current documentation dated December 29, 2014 notes that the injured worker was eight weeks post lumbar surgery and that her low back pain had improved, as well as symptoms in the lower legs. The injured worker reported increased neck pain with radiation to the bilateral upper extremities in the past few days. Physical examination of the lumbar spine revealed no major motor or sensory deficits in the lower extremities. Cervical spine examination revealed a positive Spurling's test with extension and rotation to the left. The injured worker described numbness and tingling in the middle and index finger on the left hand. The treating physician's recommended plan of care included a cervical epidural steroid injection at cervical seven with sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection at C7 with sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

**Decision rationale:** The claimant is nearly two years status post work-related injury. She underwent lumbar spine surgery in December 2014. She has neck pain radiating into the upper extremities present for two days at the time of the request. Physical examination findings reported include other Spurling's testing and after failure of conservative treatments. Criteria for consideration of a cervical epidural steroid injection include symptoms initially unresponsive to conservative treatment. In this case, the claimant symptoms have been present for only two days and conservative treatments have not been tried. Therefore, the requested cervical epidural steroid injection is not medically necessary.