

<b>Case Number:</b>	CM15-0028821		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	05/24/1995
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 62 year old female, who sustained an industrial injury on 5/24/1995. The diagnoses have included cervical degenerative disc disease, cervical herniated nucleus pulposus and cervical spinal stenosis. Treatment has included medications, physical therapy, home exercise, psychological counseling, vocational rehabilitation, modified activities, work restrictions and trigger point injections. Unofficial magnetic resonance imaging (MRI) of the cervical spine dated 8/12/2005 revealed right sided foraminal stenosis at C5-6 and C6-7 and significant disc herniation at C6-7 contributing to foraminal stenosis. Currently, the IW complains of right shoulder and arm pain that is rated as 7/10. She reported increased stiffness in the right shoulder with the exposure to colder weather. Objective findings included guarding of the right upper extremity with limited cervical range of motion in all planes with grimacing at the ends of range. There was moderate right sided cervical paraspinal muscle and upper trapezius muscle tenderness to palpation. On 1/15/2015, Utilization Review non-certified a request for one cervical epidural steroid injection noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/17/2015, the injured worker submitted an application for IMR for review of one cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The injured worker sustained a work related injury on 5/24/1995. The medical records provided indicate the diagnosis of cervical degenerative disc disease, cervical herniated nucleus pulposus and cervical spinal stenosis. Treatment has included medications, physical therapy, home exercise, psychological counseling, vocational rehabilitation, modified activities, work restrictions and trigger point injections. The medical records provided for review do not indicate a medical necessity for Cervical Epidural Steroid Injection. The MTUS criteria for the use of epidural Steroid injection include, evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); no more than two nerve root levels should be injected using transforaminal blocks. The records reviewed do indicate failure of conservative treatment. Therefore, the request is not supported. As such, the request is not medically necessary.