

<b>Case Number:</b>	CM15-0215350		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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 35 year old female, who sustained an industrial injury on 08-08-2011. The injured worker is currently temporarily totally disabled and permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for cervical spine fusion, neck pain, cervical radiculopathy, cervical post-laminectomy syndrome, and cervical spine spinal stenosis. Treatment and diagnostics to date has included acupuncture, physical therapy, TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and medications. Recent medications have included Hydrocodone-Acetaminophen. Subjective data (07-30-2015 and 10-22-2015), included neck and bilateral upper extremity pain rated 5 out of 10. Objective findings (10-22-2015) included "her neurological exam remains stable". The treating physician noted that cervical spine MRI dated 02-13-2015 showed anterior cervical discectomy and fusion changes at C6-C7, disc bulging at C3-4 and C4-5, and mild neural foraminal stenosis. The request for authorization dated 10-22-2015 requested cervical epidural steroid injection #2. The Utilization Review with a decision date of 10-27-2015 denied the request for cervical epidural steroid injection #2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical Spine / Epidural Steroid Injections.

**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. For these multiple reasons, this request is not medically necessary.