

<b>Case Number:</b>	CM15-0031465		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	06/25/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Nevada, California

Certification(s)/Specialty: Anesthesiology, 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 33-year-old female who reported an injury on 06/25/2014. The mechanism of injury was not specifically stated. The current diagnoses include cervical herniated disc, pain in a limb, and pain in a joint. On 12/02/2014, the injured worker presented for a follow-up evaluation with complaints of ongoing neck pain, as well as left shoulder pain. The injured worker was utilizing Percocet at bedtime. Upon examination, there was limited cervical range of motion with tenderness to palpation at C5-7. Recommendations at that time included a cervical epidural steroid injection at C4-5 and C5-7. A Request for Authorization form was then submitted on 12/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cervical Epidural Steroid Injection C4-5 & C5-6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. In this case, there was no objective evidence of cervical radiculopathy upon examination. There was no mention of an exhaustion of recent conservative treatment to include active rehabilitation and medication management. Given the above, the request is not medically appropriate at this time.