

<b>Case Number:</b>	CM15-0034207		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	08/01/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 51 year old female, who sustained an industrial injury on 8/01/2014, due to repetitive stress injury due to excessive computer and phone usage. The diagnoses have included cervical strain/sprain. Treatment to date has included conservative measures. Magnetic resonance imaging of the cervical spine, dated 1/2015, noted mild to severe bilateral foraminal stenosis, C3-4, C5-6, and C6-7, with mild to moderate central canal stenosis. On 12/18/2014, the injured worker reported no new numbness, tingling, or weakness, and was documented as overall doing much better. Exam revealed a normal gait, normal inspection, and normal range of motion. Exam of the cervical region noted tenderness over the splenius capitis/cervicis and upper trapezius muscles. Motor and sensory exams noted no deficits. Medication regime was not noted. On 1/28/2015, Utilization Review non-certified a request for an epidural steroid injection, C7-T1, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection (ESI) C7-T1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injections.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injection at C7-T1 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. Etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. Etc. See the guidelines for details. In this case, the injured workers working diagnoses are recurrent pain patterns at the right neck and right upper extremity; right carpal tunnel syndrome; right lateral epicondylitis; upper back strain/strain; and cervical spine sprain/strain. The most recent progress note in the medical record is dated December 18, 2014. There is no objective evidence of radiculopathy on neurologic evaluation. The December 18, 2014 note does not have an MRI results. MRI of the cervical spine was pending. An MRI was performed January 2015 which states the patient has C-5 - C6 right moderate to severe left foraminal stenosis and mild to moderate central canal stenosis; C6 - C7 severe right moderate left stenosis. Previous EMG/NCV did not document radiculopathy to the cervical spine. Consequently, absent clinical documentation with objective evidence of radiculopathy and MRI imaging or electrodiagnostic evidence to corroborate radiculopathy, epidural steroid injection at C7 - T-1 is not medically necessary.