

<b>Case Number:</b>	CM15-0037396		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	02/22/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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, Florida

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 38-year-old female, who sustained an industrial injury on 2/22/2014. She reports a neck injury while working as a housekeeper. The mechanism of injury was not provided for review. Diagnoses include cervicgia, daily headache, insomnia and cervical radiculopathy. Treatments to date include epidural steroid injections, physical therapy and medication management. A progress note from the treating provider dated 1/14/2015 indicates the injured worker reported pain in the neck that radiates to both arms associated with numbness and tingling sensation. There were objective findings of tenderness to palpation of the cervical spine, decreased range of motion, weakness and decreased sensation of the right upper extremity. The 2014 MRI of the cervical spine showed multilevel disc bulges with central and neural foramina stenosis. The records noted that the IW reported a greater than 60% sustained pain relief following a prior cervical epidural steroid injection. The medications listed are Celebrex and Ultracet. A Utilization Review determination was rendered recommending non certification for Cervical Epidural Steroid Injection at C5, C6, C7.

### 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 C5, C6, C7: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.1 Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back Pain.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that cervical epidural injection can be utilized for the treatment of cervical radicular pain that did not respond to conservative treatments with medications and PT. The records indicate that the patient had completed many modalities of conservative treatment. There is documentation of sustained pain relief following a prior cervical epidural steroid injection. The subjective, objective and radiological findings are consistent with a diagnosis of cervical radiculopathy. The criteria for C5, C6, C7 cervical epidural steroid injection was met.