

<b>Case Number:</b>	CM15-0038334		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	06/27/2008
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: California, Hawaii  
 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 54-year-old female who sustained an industrial injury on 6/27/08. She currently complains of neck and right upper extremity pain and diffuse low back pain. Medications include Topamax, cyclobenzaprine, Etodolac, Norco, lansoprazole. She is experiencing sleep difficulties due to pain. She is able to perform activities of daily living on current treatment regimen. Diagnoses include cervical disc displacement without myelopathy; cervical spondylosis without myelopathy; muscle spasms; post-laminectomy syndrome of the cervical region; osteoarthritis; shoulder joint pain; lumbosacral spondylosis without myelopathy; cervical disc degeneration; cervicgia; pain in the limb; sleep disturbances; long-term use of medications; diabetes. Treatments to date include analgesic medications, which afford her 50% relief of pain, injection therapies into right shoulder offer 70% relief but pain returns, transcutaneous electrical nerve stimulator unit that gives minimal relief. There was no documentation of diagnostic testing. In the progress note dated 1/15/15 the treating provider requested cervical trigger point injection and right shoulder injection to reduce pain, right C7-T1 epidural steroid injection will enable the injured worker to have better range of motion and to be more functional with daily activities. The trigger point injections into the cervical and upper extremity region should deactivate the taut bands in the injured workers area of maximal pain and tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection Right C7-T1: 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 patient has ongoing right upper extremity pain and diffuse low back pain according to the 1/15/15 attending physician report. The current request is for transforaminal epidural steroid injection right C7/T1. MTUS guidelines have the following regarding ESI under chronic pain section pages 46, "Recommended as an option for treatment for radicular pain." MTUS require documentation of radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient is status-post anterior fusion C4-C6. In this case, the patient has no physical examination findings consistent with radiculopathy. Physical exam findings included taut muscles with myotogenous referral on palpation. There were no positive nerve tension signs, or diminished reflexes. The patient had no loss of sensation in a dermatomal distribution or loss of muscle strength. Furthermore, there were no current imaging studies showing nerve root impingement or electrodiagnostic studies to corroborate radiculopathy. The current documentation does not support medical necessity and as such, recommendation is for denial.