

<b>Case Number:</b>	CM15-0038875		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/27/2015
<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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66-year-old female, who sustained an industrial injury on 10/7/2009. Her currently complaints included radiating neck pain to the bilateral upper extremities. The injured worker has been diagnosed of sprain of neck with pain, radiculopathy, and myofascial pain syndrome of the right shoulder. Treatments have included consultations; diagnostic urine and magnetic resonance imaging: cervical spine (9/16/11); cervical epidural steroid injections under fluoroscopy (11/2011 & 2/2012) which provided immense benefit; lumbar epidural steroid injections (10/2014) that were significantly effective; physical therapy; home exercise program; activity restrictions; and medication management. The most current evaluation notes state she has episodes of increased pain with indiscriminate movement of her neck and lower back, and that activities of any kind increase her pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Cervical Epidural Steroid Injection at the Levels C4-C6 and C6-C7 under Fluoroscopy:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections.

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

**Decision rationale:** The injured worker sustained a work related injury on 10/7/2009. The medical records provided indicate the diagnosis of sprain of neck with pain, radiculopathy, and myofascial pain syndrome of the right shoulder. Treatments have included consultations; diagnostic urine and magnetic resonance imaging - cervical spine (9/16/11); cervical epidural steroid injections under fluoroscopy (11/2011 & 2/2012) which provided immense benefit; lumbar epidural steroid injections (10/2014) that were significantly effective; physical therapy; home exercise program; activity restrictions; and medication management. The medical records provided for review do not indicate a medical necessity for 1 Cervical Epidural Steroid Injection at the Levels C4-C6 and C6-C7 under Fluoroscopy. The MTUS guidelines for epidural steroid injection include the recommendations that: 1. Physical finding of radiculopathy must be corroborated with imaging and or electrodiagnostic studies; 2. The case must have been initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3. 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 six to eight weeks, Although the records indicate the injured worker had about 75% improvement that lasted more than a year following a previous injection, the records do not indicate the injured worker has physical finding of radiculopathy corroborated by imaging or electrodiagnostic finding of radiculopathy in the C6-C7 area. Therefore, the request is not medically necessary.