

<b>Case Number:</b>	CM15-0044335		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	10/15/1998
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 71 year old female who sustained a work related injury on October 15, 1998, incurring back injuries. She was diagnosed with cervical degenerative disc disease, cervical radiculopathy, thoracic degenerative disc disease, and lumbago. Treatment included physical therapy, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), neuropathy medications, pain medications and epidural steroid injections. She underwent a surgical lumbar fusion. Currently, the injured worker complained of constant chronic neck and low back pain, worse with walking, standing and sitting. The treatment plan that was requested for authorization included a cervical transforaminal epidural injection of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical transforaminal epidural injection at right C2-3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

**Decision rationale:** The claimant has a remote history of a work-related injury occurring in 1999 and continues to be treated for chronic neck and chronic radiating low back pain. Treatments have included a cervical spine fusion from C3 to T1. When seen by the requesting provider, the claimant denied upper extremity radicular symptoms and there were no physical examination findings of cervical radiculopathy reported. Criteria for consideration of a cervical epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings or patient complaints that indicate a diagnosis of radiculopathy. Therefore the requested cervical epidural steroid injection is not medically necessary.