

<b>Case Number:</b>	CM15-0047670		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	09/12/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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

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 a 52 year old female, who sustained an industrial injury on September 12, 2008. She has reported neck pain and left arm pain. Diagnoses have included lumbar spine degenerative disc disease, lower back pain, lumbar facet syndrome, cervical spine pain, and mood disorder. Treatment to date has included Medications, home exercise, and imaging studies. A progress note dated January 6, 2015 indicates a chief complaint of increased neck pain with radiation to the left arm, and poor sleep quality. The treating physician documented a plan of care that included meds, pain management psychologist, and cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Injection, Left C7-T1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47.

**Decision rationale:** The patient was injured on 09/12/08 and presents with increased neck pain with radiation to the left arm and poor sleep quality. The request is for a Cervical Epidural Injection, LEFT C7-T1. There is no RFA provided and the patient is permanent and stationary. Review of the reports provided does not indicate if the patient had a prior cervical spine epidural steroid injection. In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The cervical spine has a restricted range of motion, Spurling's maneuver causes pain the neck muscles radiating to the upper extremity, and there is tenderness at the paracervical muscles, rhomboids, and trapezius. The 07/01/14 MRI of the cervical spine revealed that there is a disc bulging with central canal stenosis and moderate bilateral neural foraminal stenosis at C7-T1. No examination findings are provided showing evidence of radiculopathy such as sensory/motor or DTR changes. In this case, the patient presents with diffuse radicular symptoms without dermatomal distribution of pain and exam findings do not show radiculopathy. An ESI would not be indicated. The requested cervical spine epidural injection is not medically necessary.