

<b>Case Number:</b>	CM15-0050377		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	12/14/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 45-year-old female, who sustained an industrial injury on December 14, 2014. The injured worker had reported head, neck, low back, left leg and knee, right shoulder, right arm and elbow injuries related to a fall. The diagnoses have included a head contusion, right shoulder impingement, bursitis of the rights shoulder, muscle spasms of the back, left knee contusion, cervical spine herniated nucleus pulposus, lumbar herniated nucleus pulposus and post-concussion syndrome. Treatment to date has included medications, radiological studies, acupuncture therapy and chiropractic care. Current documentation dated February 27, 2015 notes that the injured worker reported increasing pain on the right side of the neck, shoulder and right upper extremity. Physical examination of the cervical spine revealed pain, severe spasms and a positive Spurling's test. Examination of the lumbar spine revealed a painful range of motion. The treating physician's plan of care included a request for cervical epidural steroid injections times three.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injections- 3 injections at C7-T1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Based on the progress report dated 02/17/15, the patient presents with neck pain rated 9/10 radiating down the RIGHT arm and hand. The request is for CERVICAL EPIDURAL STEROID INJECTIONS 3 INJECTIONS AT C7-T1. Per RFA dated 03/02/15, patient's diagnosis includes cervical herniated nucleus pulposus. Treatment to date has included medications, radiological studies, acupuncture therapy and chiropractic care. Patient's medications include Norco, Cyclobenzaprine, and Ibuprofen. Patient is not working, per treater report dated 02/17/15. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." The patient has neck pain with radicular symptoms. Physical examination to the cervical spine on 02/27/15 revealed positive Spurling's test. MRI of the cervical spine on 01/29/15 states "at C7-T1 no abnormalities are present, and the canal and foramina are widely patent." ESI would not be indicated without a clear diagnosis of radiculopathy. MTUS guidelines support ESIs in patients only when radiculopathy is documented by physical examination and corroborating imaging or electrodiagnostic studies. MTUS states on p46, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Furthermore, MTUS does not support series-of-three injections. This request does not meet guideline indications. Therefore, the request IS NOT medically necessary.