

<b>Case Number:</b>	CM15-0085367		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	11/30/1993
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 71 year old female patient, who sustained an industrial injury on 11/30/1993. She sustained the injury due to fall. The diagnoses include status post carpal tunnel release and status post lumbar surgeries. Per the note dated 4/10/15, she had complaints of neck pain and stiffness in upper trapezius and paraspinal muscles with numbness and weakness in the right upper arm. The physical examination revealed tenderness, decreased cervical range of motion, negative Spurling sign, normal 5/5 strength in bilateral upper extremity. Per the Interim Workers' Compensation Letter dated 3/19/2015, she reported continuing problems with her neck and pain in the bilateral upper trapezium. The pain in her right hand has improved since the carpal tunnel release. Physical examination revealed limited cervical range of motion. The medications list includes valium, trazadone, naprosyn and percocet. She has had EMG (electromyography)/NCV (nerve conduction studies) dated 6/03/2014, which revealed bilateral median nerve entrapment, magnetic resonance imaging (MRI) dated 4/28/2014 which revealed multilevel spondylosis. She has undergone 3 lumbar surgeries in 1975, 2000 and 2005, shoulder surgery and carpal tunnel release in 12/2014. She has had physical therapy visits for this injury. The plan of care included physical therapy, continuation of pain management and cervical epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient cervical epidural steroid injection (ESI) at C5-6 times three (3): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

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

**Decision rationale:** Request: Outpatient cervical epidural steroid injection (ESI) at C5-6 times three (3)The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program.Per the cited guideline criteria for ESI are 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)She had complaints of neck pain and stiffness in upper trapezius and paraspinal muscles with numbness and weakness in the right upper arm. The physical examination revealed negative Spurling sign, normal 5/5 strength in bilateral upper extremity. She has had EMG (electromyography)/NCV (nerve conduction studies) dated 6/03/2014, which revealed bilateral median nerve entrapment. Unequivocal evidence of radiculopathy documented by physical examination and corroborated by electro diagnostic testing is not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Failure to previous conservative therapy including physical therapy visits and pharmacotherapy (anticonvulsant or antidepressant) is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The request for Outpatient cervical epidural steroid injection (ESI) at C5-6 times three (3) is not medically necessary for this patient.