

<b>Case Number:</b>	CM14-0110811		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 50 year old female with a 2/28/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/3/14 noted subjective complaints of pain in her low back and right shoulder. Objective findings included decreased cervical ROM and decreased lumbar ROM. Strength was 5/5 throughout, DTRs symmetric. Sensation along right C5 dermatome was noted to be decreased to light touch. There are no cervical MRI or upper extremity EMG/NCV studies available for review. Diagnostic Impression: medication management, physical therapy, TENSTreatment to Date: low back pain, cervical radiculopathyA UR decision dated 7/9/14 denied the request for MRI lumbar spine. There was no clear detail provided as to what previous diagnostic workup has been done for the lumbar region. There was no indication of objective neurological deficits. It also denied cervical epidural injection C7-T1. There was no indication of an objective cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural injection, C7-T1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI (epidural steroid injection) treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

**Decision rationale:** CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. There is mention of decreased sensation to light touch along the right C5 dermatome. However, there are no corroborating imaging studies or electrodiagnostic findings. Additionally, there is no documentation of failure of conservative treatments such as physical therapy. Furthermore, it is unclear why the request is for the levels C7-T1 when the physical exam findings was at the C5 dermatome. Therefore, the request for cervical epidural injection, C7-T1 was not medically necessary.