

<b>Case Number:</b>	CM14-0122786		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Physical Medicine and Rehabilitation, 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:

The injured worker is a 48 year old female injured on February 9, 2012 due to being struck by a dolly while moving boxes containing medical records. The most recent clinical note by a Qualified Medical Examiner, dated May 13, 2014, notes the injured worker presents with complaints of daily headaches triggered by spasms originating from the area between shoulder blades and extending to her neck and back of her head. The injured worker also complains of dizziness during severe headaches and during activities of daily living. Low back pain was noted as well. Physical exam of the neck revealed marked restricted range of motion and marked tenderness to palpation at the midline of the posterior neck. Exam reportedly showed weakness of the finger flexors and intrinsic muscles bilaterally, decreased sensation of the first and second digits on the right. Physical exam of the upper back revealed exquisite tenderness to palpation in the areas between the shoulders, extending upwards towards the neck. Physical exam of the right shoulder revealed markedly restricted range of motion. Physical exam of the lumbosacral spine revealed tenderness to palpation in the mid lumbar area, restricted forward flexion with outstretched fingertips barely reaching midtibial area. Straight leg raising was up to 90 degrees bilaterally. Electrodiagnostic studies (EMG/NCV), dated April 14, 2014, was reviewed and unremarkable. Impression of MRI of the cervical spine, dated October 9, 2013, revealed disc protrusion at C4-5 & C6-7 with mild neuroforaminal narrowing at C5-6 and C6-7. The request for cervical epidural injection C4-C5, C5-C6 and C6-C7 were denied in previous utilization review, dated July 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **CERVICAL EPIDURAL INJECTION C4-C5, C5-C6 AND C6-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
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**Decision rationale:** Per guidelines, Epidural steroid injections (ESIs), recommended as an option for treatment of radicular pain. 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. 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. Per the guidelines criteria, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment. In this case, there is insufficient documentation to support the necessity of the requested procedure. There is no evidence of nerve root compression on the MRI. There is no evidence of radiculopathy in EMG. There is no evidence of prior trial and failure of conservative management; such as progress notes of PT or trial of NSAIDs of a reasonable period of time. It is not clear as to why three levels are requested for ESI. Therefore, the request is considered not medically necessary according to guidelines and based on the available clinical information.