

<b>Case Number:</b>	CM14-0126732		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Internal 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:

The injured worker is a 52-year-old female who reported an injury on 04/23/2013. The injured worker reportedly sustained a lower back sprain when a child jumped on top of her. The current diagnoses include chronic right neck pain with right upper limb radicular pain, chronic left low back pain, neural foraminal stenosis, lumbar facet arthropathy, weakness and paresthesia in the hands, and myofascial pain syndrome. Previous conservative treatment is noted include medications, physical therapy, chiropractic treatment, and acupuncture. The current medication regimen includes gabapentin and Flexeril. The injured worker was evaluated on 07/28/2014 with complaints of persistent lower back pain. Physical examination revealed moderate tenderness of the cervical paraspinal muscles on the right, decreased sensation in the right fingers, diminished motor strength in the bilateral upper extremities, and limited cervical range of motion. Treatment recommendations at that time included a cervical epidural steroid injection at C6-7. A Request for Authorization form was then submitted on 07/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection at C6-7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, with use in conjunction with active rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There were no imaging studies or electrodiagnostic reports submitted for this review to corroborate a diagnosis of cervical radiculopathy. Therefore, the request is not medically appropriate.