

<b>Case Number:</b>	CM14-0142325		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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 49-year-old female who reported an injury on 09/20/2012. Reportedly while the injured worker was at work, she was pulling a cart full of trays which were full of bagels. The cart suddenly got stuck on the floor and she fell on the floor and the tray of bagels fell on her head and neck. The injured worker sustained injuries to her neck, arms, and shoulders. The injured worker's treatment history included an MRI of the cervical spine, physical therapy, medications, and epidural steroid injections. The injured worker had undergone an MRI of the cervical spine on 01/25/2013 that revealed multiple protrusion from C2-3 to C6-7 that flattened the anterior thecal sac at levels of disc protrusion from C2-3 to C6-7. The injured worker had undergone an EMG/NCS study dated 04/04/2013 that revealed bilateral C6 sensory root dysfunction. The injured worker was evaluated on 07/31/2014 and it was documented the injured worker complained of continued neck pain into both arms, especially on the right. She also reported continued pain and stiffness in the right shoulder. The physical examination of the cervical spine revealed tenderness at the C4-5, C5-6, and C6-7 discs. In addition, there was a positive impingement test at the right shoulder. The diagnoses included disc protrusion of the cervical spine and impingement syndrome of the right shoulder. The Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection at C5-6:** 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 Epidural steroid injections Page(s): 46.

**Decision rationale:** The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An 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. There is no information on improved function. The criteria for use for an ESI are: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by the physical examination. There is a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods, and medications. The request did not indicate the use of fluoroscopy for guidance in the request. Moreover, the documents that were submitted indicated the injured worker had an epidural steroid injection; however, the outcome measurements were not submitted for this review. As such, the request for Epidural Steroid Injection at C5-6 is not medically necessary.