

<b>Case Number:</b>	CM14-0205230		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	11/01/2005
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Rehab, has a subspecialty in Pain 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 60-year-old female who reported an injury on 11/01/2006. The mechanism of injury was due to repetitive sliding of a heavy iron gate. The injured worker's diagnoses are degenerative disc disease and degenerative joint disease of the cervical spine. Past medical treatment consisted of physical therapy, cortisone injections, chiropractic care, and medication therapy. Medications consist of amlodipine, Lorazepam, hydrochlorothiazide, Zolpidem tartrate, Synthroid, and Lisinopril. On 07/19/2014, the injured worker underwent an MRI of the cervical spine which revealed bulging disc/osteophyte, 1.9 mm at C3-C4, a slightly indenting cord. Ligamentum flavum hypertrophy. Moderate to mild canal, moderate bilateral foraminal stenosis. Mild disc narrowing, mild endplate degeneration. On 11/06/2014, the injured worker complained of left arm pain that continued to both the shoulder and back. The injured worker rated the pain at 6/10. Physical examination revealed that there was restriction to range of motion due to pain. The medical treatment plan is for the injured worker to continue with medication therapy and undergo a transforaminal cervical epidural with fluoroscopy for guidance. No rationale for Request for Authorization Form was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C3-4 Transforaminal Cervical Epidural Steroid Injection with Fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

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

**Decision rationale:** The request for left C3-4 transforaminal cervical epidural steroid injection with fluoroscopy is not medically necessary. 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 conjunct with other rehab efforts, including continuing a home exercise program. There was no information on improved function submitted for review. The criteria for the use of 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 note dated 11/06/2014 lacked evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by physical examination. There was a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medication. Given the above, the injured worker is not within guideline criteria. As such, the request is not medically necessary.