

<b>Case Number:</b>	CM15-0010339		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	02/20/1983
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 66 year old female with an industrial injury dated 10/09/2014. The mechanism of injury was documented as a fall. She presents on 12/22/2014 with back pain and swelling in her right knee. Physical exam revealed tenderness in the cervical spine with restricted range of motion. There was tenderness in the lumbar spine with limited range of motion. Spurling test is positive on the right for neck pain as well as radiculopathy. Spurling test is positive on the left for neck pain only. Prior treatments include medical branch blocks of the cervical and thoracic spine, physical therapy, medications and chiropractic treatments. MRI of the cervical spine dated 01/10/2011 showed a solid fusion between the cervical 4 through the cervical 6 level. There is degenerative spondylolisthesis measuring 3 mm of 20% displacement at the cervical 3-4 intervertebral disc level. There is moderate effacement of the anterior subarachnoid space. At the cervical 6-7 level there is moderate disc space narrowing with disc osteophyte complex. There is posterior ligamentum flavum buckling and interspinous ligamentous buckling noted. This results in mild central canal stenosis at the cervical 6-7 level. Diagnoses include degenerative disc disease, cervical; chronic pain syndrome, failed back syndrome, cervical; fibromyalgia/myositis, degenerative disc disease, lumbar; and spondylosis, thoracic. On 01/13/2015 the request for translaminal epidural steroid injection cervical 7 - thoracic 1 was non-certified by utilization review. MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Translaminar Epidural Steroid Injection C7-T1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clear documentation of functional improvement with previous cervical epidural injection. Furthermore, there is no documentation to support any recent initiation and failure with conservative treatments. Therefore, the request for Translaminar Epidural Steroid Injection C7-T1 is not medically necessary.