

<b>Case Number:</b>	CM15-0010533		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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, New York  
Certification(s)/Specialty: Family Practice

### 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 50 year old female, who sustained an industrial injury on April 7, 2014. She has reported neck pain radiating to the right shoulder, lower back pain radiating to the left leg, and left shoulder pain. The diagnoses have included cervical and lumbosacral sprain/strain, myofascial pain syndrome, possible cervical radiculopathy versus peripheral neuropathy, and lumbosacral disc injury. Treatment to date has included medications, physical therapy, transcutaneous electrical nerve stimulation, acupuncture, and imaging studies. Currently, the injured worker complains of continued pain. The treating physician is requesting epidural steroid injection of the cervical spine. On January 12, 2015 Utilization Review non-certified the request for the epidural steroid injection of the cervical spine noting the lack of documentation to support the medical necessity of the services. The MTUS chronic pain medical treatment guidelines were cited in the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection x 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines ESI.

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

**Decision rationale:** The request for a cervical epidural steroid injection is considered not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there no was documentation of radiculopathy on exam. The patient had an MRI, which did not support findings of radiculopathy. The patient has been treated with conservative measures. The chart does not show a failure to improve after all conservative treatment modalities. Therefore, the request is considered not medically necessary.