

<b>Case Number:</b>	CM15-0113497		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	11/12/2014
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old female who reported an industrial injury on 11/12/2014. Her diagnoses, and/or impressions, are noted to include: cervical/thoracic/lumbar sprain with chronic pain; cervical dystonia/torticollis; migraine headaches; low back pain/syndrome; and axial low back pain with possible pars fracture. The history notes prior injuries with cervicalgia and headaches which required cervical fusion and laminectomy surgeries (2007 & 2012), physical therapy and Botox treatments (2006-2015); as well as knee surgery resulting in 2 deep vein thrombosis and chronic Coumadin therapy with serial INR for the indefinite future. A bone scan, magnetic resonance imaging and computed tomography scans were said to be done in 2/2015. Her treatments have included consultations; diagnostic studies; physical therapy and Burch physical therapy; medication management; and rest from work. The pain center progress notes of 4/28/2015 reported constant, moderate, chronic neck pain in the base of the skull and up into the head, out across the scapula region, to the shoulder and down the bilateral upper extremities; also radiating down the spine with low back and hip pain; headaches; numbness and weakness; and that her pain is significantly limiting. Objective findings were noted to include some truncal swaying; decreased sensation in a bilateral cervical pattern; very limited cervical range-of-motion with tenderness over the bilateral facet columns both above and below the healed surgical site; and mild percussion and point tenderness at the bilateral lumbar-5 level. The physician's requests for treatments were noted to include bilateral cervical epidural steroid injections.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bilateral C3-C4 transforaminal epidural steroid injection, cervical:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not clearly established here. Submitted reports have not adequately demonstrated any neurological deficits or significant findings of radiculopathy collaborated with imaging. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged for this chronic injury. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in clinical findings or progression in functional status. The Bilateral C3-C4 transforaminal epidural steroid injection, cervical is not medically necessary and appropriate.