

<b>Case Number:</b>	CM15-0116217		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Texas, California  
 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:

This is a 45 year old female patient, who sustained an industrial injury on August 27, 2013. The diagnoses include cervical radiculopathy and myofascial pain. Per the doctor's note dated 6/25/2015, she had cervical pain with radiation to the arms. She had relief of cervical pain with previous cervical ESI for 6 weeks. The physical examination revealed tenderness, decreased range of motion, shooting pain with Spurling's maneuver, flexion and rotation. Per the progress note dated March 26, 2015 she had complains of neck and left shoulder pain radiating down left arm. The pain is rated 5-7/10. Physical exam revealed guarding of the cervical and left shoulder area with painful range of motion (ROM), multiple cervical trigger points. The medications list includes ibuprofen. She has had EMG/NCS dated 11/20/14 which revealed possible chronic bilateral C7 (or C6) radiculopathy and mild bilateral carpal tunnel syndrome; cervical MRI which revealed minor bulge at C6-7. She has undergone cervical ESI on 4/22/2015. She has had physical therapy, home exercise program (HEP) and medication for this injury. The plan includes home exercise program (HEP) and epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Cervical Epidural Steroid Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

**Decision rationale:** Outpatient Cervical Epidural Steroid Injection. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 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." Per the cited guideline criteria for ESI are 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Per the records provided, she had chronic neck pain with radiation to the arms. She had relief of cervical pain with previous cervical ESI dated 4/22/15 for 6 weeks. Evidence of documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks and increased objective functional improvement is not specified in the records provided. As stated above, 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. Failure to conservative therapy including physical therapy visits and pharmacotherapy (anti-depressant or anti-convulsant) is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Outpatient Cervical Epidural Steroid Injection is not fully established for this patient.