

<b>Case Number:</b>	CM15-0116633		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	11/22/2003
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/03/2015
<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: 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 68 year old female, who sustained an industrial injury on 11/22/2003. Diagnoses have included failed cervical neck surgery syndrome, failed lumbar back surgery syndrome, trochanteric bursitis, degenerative joint disease right knee, right subacromial bursitis, cervical radiculopathy and cervicgia. Treatment to date has included surgery, physical therapy, epidural injections, and medication. According to the progress report dated 5/13/2015, the injured worker complained of increased neck pain radiating into the left arm. She rated her current pain as 2/10. Exam of the cervical spine revealed pain and tenderness. Gait was noted to be antalgic. Exam of the lumbar spine revealed pain across the lower back on extension. The injured worker had a transforaminal epidural steroid injection on 1/29/2015 with improvement in lower back pain. Authorization was requested for a cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection at C7-T1:** Upheld

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

**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 provided here. Submitted reports have not demonstrated any specific neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Cervical epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or newly identified pathological lesion noted. Criteria for the epidurals have not been met or established. The Cervical epidural steroid injection at C7-T1 is not medically necessary and appropriate.