

<b>Case Number:</b>	CM15-0117831		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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, Alabama, 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 46 year old female who sustained a work related injury May 13, 2011. Past history included s/p right shoulder surgery. According to a pain management physician's follow-up dated, April 16, 2015, the injured worker presented with residual neck and upper extremity pain with numbness and tingling, residual headaches with improvement, residual low back and right leg pain with numbness and weakness, improved, recurrent stomach pain and nausea, memory loss, visual changes and ringing in the ears, unchanged, and constipation, related to opioid analgesics. She reports progressive pain, numbness and weakness of the right head area, right facial area, and right upper and lower extremity. The weakness in the right arm causes difficulty in raising the arm and there is increased pain over the right side of the face when she eats. She also reports falling eleven times over the last seven months. Past trigger point and epidural injections have relieved her pain in the neck and low back. She reports using hydrocodone/acetaminophen 10/325mg up to six times daily reducing her pain from a 9/10 to a 4-5/10. She uses a cane for ambulation. Physical examination revealed; ongoing difficulties with visual changes(unspecified); ringing in the ears; history of abdominal pain and nausea; continued difficulty walking, gait antalgic; sensory deficits along the right C4-C7 and right L1-L5 and S1; reduced muscle strength of the right deltoid, biceps, and triceps grip, right quadriceps femoris, biceps femoris, anterior tibialis and extensor hallucis longus. She has difficulty standing on her right leg. Assessment is documented as significant headache and memory loss/post-traumatic brain injury; recurrent cervical radiculopathy; multi-level cervical disc disease; recurrent lumbar radiculopathy; multi-level lumbar disc disease; chronic pain. At issue, is the request for authorization for a repeat cervical epidural steroid injection, right C6-C7

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat cervical ESI to the right C6-C7 with fluoroscopic imaging:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections Page(s): 46.

**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 Repeat cervical ESI to the right C6-C7 with fluoroscopic imaging is not medically necessary.