

<b>Case Number:</b>	CM15-0120020		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	11/26/2011
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Orthopedic Surgery

### 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 11/26/2011. She reported injuries to her neck, low back, and right knee, due to repetitive movement. The injured worker was diagnosed as having multi-level cervical degenerative disc disease. Treatment to date has included diagnostics, physical therapy, chiropractic, therapy for depression, and medications. Currently, the injured worker complains of neck and right knee pain. Her work status was total temporary disability. Physical exam noted tenderness and decreased range of motion, unspecified. Electromyogram was noted as positive. No other objective findings were noted. The treatment plan included pain management referral for cervical epidural steroid injection x 2, in addition to right knee arthroscopic surgery due to a torn meniscus. A prior progress report (4/06/2015) noted neck pain with radiation to the bilateral shoulders, and sometimes as far as the elbows. She had no numbness, tingling, or pain in the forearms or the hands. Comprehensive sensory exam of the upper extremities showed a normal dermatomal pattern to pinprick and deep touch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection by pain management:** 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 injection Page(s): 46.

**Decision rationale:** According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In this case the exam notes from 4/6/15 do not demonstrate a radiculopathy that is specific to a dermatome on physical exam. In addition there is lack of evidence of failure of conservative care. Therefore the determination is for non-certification. The request is not medically necessary.