

<b>Case Number:</b>	CM15-0067164		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 38 year old female, who sustained an industrial injury on 12/3/2012. She reported a lifting injury. The injured worker was diagnosed as having cervical disc degeneration, and cervical radiculopathy. Treatment to date has included medications, physical therapy, and x-ray. The request is for cervical epidural steroid injection. On 1/15/2015, reports worsening neck pain with numbness and burning down the left arm to the fingers. The treatment plan included: Norco, Lyrica, pain management, and follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 cervical epidural steroid injection iinterlaminar C7-T1 with contrast to C6:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

**Decision rationale:** The claimant sustained a work injury in December 2012 and continues to be treated with neck pain radiating into the left upper extremity. When seen, she had an average pain score of 9/10 over the previous week. Physical examination findings included decreased left upper extremity sensation and positive Lhermitte sign. An MRI of the cervical spine on 02/10/14 included findings of multilevel spondylosis with multilevel bilateral mild foraminal narrowing. Criteria for the therapeutic use of an epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, physical examination findings included decreased left upper extremity sensation and positive Lhermitte sign with imaging showing areas of foraminal stenosis. The claimant has ongoing pain with an average pain score of 9/10. The criteria are met and therefore the requested epidural steroid injection was medically necessary.