

<b>Case Number:</b>	CM15-0067606		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	09/05/2008
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, 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:

This 67 year old female sustained an industrial injury on 9/5/08. She subsequently reported neck, shoulder and back pain. Diagnoses include bilateral carpal tunnel syndrome, bilateral shoulder sprain and strain with impingement and bilateral lateral epicondylitis. There are associated diagnoses of anxiety disorder, stress and depression. Treatments to date have included injections, surgery, therapy and prescription pain medications. The notes stated that the 2/21/2009 MRI of the cervical spine did not show abnormal disc protrusion, foramina or spinal stenosis at C5-C6. The EMG/NCS was noted to show only right carpal tunnel syndrome. The 2011 cervical epidural injection was noted to produce 75% reduction in the radicular neck pain. The injured worker continues to experience neck pain that radiates to the upper extremities and low back pain that radiates to the bilateral lower extremities. A request for One (1) cervical epidural steroid injection at C5-C6 level was made by the treating physician. The medications listed are Ultracin, Zanaflex and Tylenol #3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) cervical epidural steroid injection at C5-C6 level: 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 9792.23.1 Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that cervical epidural steroid injection scan be utilized for the treatment of cervical radiculopathy when conservative treatments with medications and PT have failed. The MRI and EMG/NCS did not show findings consistent with a diagnosis of C5-C6 cervical radiculopathy. The records did not show that the patient had exhausted medication management. The guidelines recommend that chronic pain patients with psychosomatic symptoms be treated with anticonvulsant and antidepressant medications with mood stabilizing and analgesic activity. The criteria for the C5-C6 cervical epidural steroid injection was not met.