

<b>Case Number:</b>	CM15-0074961		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 55-year-old female who sustained an industrial injury on 10/30/12 from a front-end motor vehicle accident causing her air bag to deploy resulting in injury to her neck, chest, back and extremities. She currently complains of low back and tailbone pain. Medications were not specifically indicated. Diagnoses include cervical strain with subjective radiculopathies into both upper extremities; disc protrusion at C5-6; lumbar strain; lumbar spondylosis; lumbar disc herniation; headaches; chest contusion, recovered. The treatments to date included medications and physical therapy. Diagnostics include cervical spine MRI (9/10/14, 10/2014; MRI of the lumbar spine (4/24/13); MRI of the pelvis (4/24/13). All above testing was with abnormalities. In the progress note, dated 12/11/14 the treating provider's plan of care includes possible injections if symptoms persist and on 3/11/15, the treating provider requested cervical mid-line epidural steroid injection for cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical mid-line epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8, Neck and Upper Back Complaints, pages 174-175, and 181, Table 8-8.

**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 clearly established here. Submitted reports have not adequately demonstrated any neurological deficits or significant findings of radiculopathy collaborated with imaging. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged for this chronic injury. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in clinical findings or progression in functional status. The Cervical mid-line epidural steroid injection is not medically necessary and appropriate.