

<b>Case Number:</b>	CM15-0078882		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 41 year old female who sustained an industrial injury on 03/27/2014. The injured worker was diagnosed with cervical degenerative disc disease, right shoulder impingement and mild bilateral carpal tunnel syndrome. Treatment to date includes diagnostic testing with latest magnetic resonance imaging (MRI) on March 5, 2015), chiropractic therapy, physical therapy and medications. The injured worker is status post cervical epidural steroid injection (ESI) on March 17, 2015. According to the primary treating physician's progress report on March 5, 2015, the injured worker continues to experience burning neck pain radiating to the right shoulder and right arm. Examination of the cervical spine demonstrated pain to palpation over the right trapezius and right paraspinal muscles at C5, C6 and C7. Range of motion is painful with right lateral rotation. Spurling's sign was positive on the right. Sensory examination notes some numbness and tingling in the C6-C7 distribution on the right arm. Grip strength is decreased on the right. Current medications are listed as Ibuprofen, Etodolac, Cyclobenzaprine, Relafen, Norflex and Prilosec. Treatment plan consists of medications and the current request for cervical epidural steroid injection (ESI) C7-T1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection C7-T1 under fluoroscopy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 8: Cervical & Thoracic Spine Disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, ESI.

**Decision rationale:** The medical records provided for review do document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection but does not document objective functional gain or pain improvement in terms of duration or degree in relation to first ESI performed in support of second ESI. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such the medical records do not support the use of ESI congruent with ODG guidelines. Therefore the request is not medically necessary.