

<b>Case Number:</b>	CM15-0092371		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 51 year old female, who sustained an industrial injury on April 25, 2014. The injured worker reported back and ankle pain due to a motor vehicle accident (MVA). The injured worker was diagnosed as having brachial neuritis. Treatment to date has included magnetic resonance imaging (MRI), CAT scan, physical and chiropractic therapy and medication. A progress note dated March 12, 2015 the injured worker complains of back and coccyx pain and right ankle instability. She has difficulty sitting due to pain. Physical exam notes thoracolumbar region and tailbone tenderness. Gait is intact. The plan includes physical therapy and orthopedic evaluation. There is a request for cervical transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical transforaminal epidural steroid injection (ESI) at the C6-C7 level: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural Steroid Injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cervical transforaminal epidural steroid injection at C6 - C7 level is not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence, given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are multiple injuries to include cervical and thoracic spine, right ankle chronic injury as well as Coccydynia. The documentation, according to a March 12, 2015 progress note, does not contain a request in the treatment section for a cervical transforaminal epidural steroid injection. A progress note dated May 4, 2015 states there was a clerical error in ordering a cervical epidural steroid injection. The treating provider indicated a cervical epidural steroid injection was meant to be a request for cervical MRI and was a clerical error on his part. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and documentation indicating a clerical error on behalf of the requesting provider (for the cervical transforaminal epidural steroid injection), cervical transforaminal epidural steroid injections at C6 - C7 level is not medically necessary.