

<b>Case Number:</b>	CM15-0093473		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 52-year-old male who sustained a work related injury August 27, 2011. According to the certified nurse practitioner's progress report, dated March 31, 2015, the injured worker presented with a severe migraine, requesting a nerve block and trigger point injection. His pain is located in his head, right arm, left leg, right shoulder, thoracic spine, right elbow, right hand, left knee, bilateral low back, and left ankle/foot. There has been no change in pain control since the last visit, March 4, 2015. He reports the pain as 8/10 on average with medication and 9/10 on average, without medication. Physical examination revealed taunt bands and pain on palpation at maximal point of tenderness right upper trapezius where TPI (trigger point injection) administered. There is decreased range of motion of left knee due to pain, crepitus to range of motion and slight swelling present. Diagnoses are chronic pain syndrome; occipital headache; post-traumatic headache; cervicgia; degenerative disc disease, cervical spine. Treatment plan included; administered bilateral greater occipital nerve block injections and right upper trapezius injection with immediate pain relief. He was encouraged to continue aqua therapy, walking for exercise and daily stretching. At issue, a request for authorization for a cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 47.

**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 Epidural Steroid Injection is not medically necessary and appropriate.