

<b>Case Number:</b>	CM13-0010268		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	09/01/2006
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50-year-old woman who sustained a work related injury on September 1, 2006. Subsequently, she developed neck and right shoulder pain. The patient has the diagnoses of cervical degenerative disc disease, cervical disc displacement, cervical radiculitis, bilateral shoulder impingement, status post right shoulder subacromial decompression on June 1, 2010, bilateral carpal tunnel syndrome, status post a failed right carpal tunnel release, right trigger finger, and status post right middle finger trigger release. Her medical history is significant for obstructive sleep apnea, anxiety, depression, diabetes, hypertension, gastroesophageal reflux disease, migraines, irritable bowel syndrome, headaches, hypercholesterolemia, and recent ankle fracture. The cervical MRI revealed a C4-5 4 mm disc herniation, severe spinal stenosis, and bilateral facet narrowing. The electrodiagnostic studies on September 12, 2009 and July 12, 2011 suggested mild bilateral carpal tunnel syndrome with no evidence of cervical radiculopathy or brachial plexopathy. The physical examination on June 6, 2013 was significant for cervical spine stiffness and spasm, and decreased cervical range of motion, while previous examination were significant for tilting of the head and neck to the left, tender left trapezius, decreased cervical range of motion, stiffness of the cervical spine, shoulder, and mid back, decreased sensation of the C5 dermatome, and intact motor and reflex functions of the upper extremities. Medications previously prescribed include Norco and Fioricet; Soma and the compounded medication Medrox. It was reported on June 6, 2013 that medications were not helpful. A C4-5 epidural steroid injection (ESI) under monitored anesthesia care was performed on February 28, 2011 with some benefit. However on June 6 2013, the ESI was reported to provide one year of relief. The provider requested authorization for cervical ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection (ESI)/Cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) chapter Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ESI is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. The MTUS guidelines does not recommend epidural injections for neck pain without radiculopathy. As such, the request is not medically necessary.