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| <b>Case Number:</b>   | CM13-0025148 |                              |            |
| <b>Date Assigned:</b> | 04/25/2014   | <b>Date of Injury:</b>       | 01/11/2012 |
| <b>Decision Date:</b> | 06/10/2014   | <b>UR Denial Date:</b>       | 09/09/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2013 |

### 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:

██████████ is a 51-year-old woman who sustained a work-related injury on January 11, 2012. Subsequently, she developed chronic neck pain. According to the note dated on September 16, 2013, the patient was complaining of tenderness in the neck and right shoulder. Her physical examination demonstrated tenderness disks on palpation at the level of C2-C3 and C3-C4 and C5-C6. The impingement test is positive in the right shoulder. The patient MRI performed on May 23, 2012 demonstrated mild strain bilateral sternocleidomastoid muscles, stable multilevel discogenic degenerative disc disease. The patient was diagnosed with the disc protrusion at the cervical level and impingement syndrome in the right shoulder. The provider requested authorization to use epidural steroid injection in the cervical area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EPIDURAL STEROID INJECTION C3-4 AND C4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NECK AND UPPER BACK PAIN.

**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. Epidural steroid injection 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 claimant's physical examination and MRI of the cervical spine do not support the diagnosis of cervical radiculopathy. The request is not medically necessary or appropriate.