

<b>Case Number:</b>	CM13-0057690		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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 physician 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 47-year-old male who was injured while working as a police officer on August 8, 2013. The patient was apprehending a suspect when he developed pain in his right shoulder, bilateral knees, left elbow, and left finger. An MRI of the cervical spine showed chronic osteophyte complexes at C4-5 and C5-6 with chronic stenosis on the left at C6-7. Treatment included medications, and physical therapy. Request for authorization for a cervical epidural injection into the C4-45 and C5-6 disc herniation was submitted on October 31, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**an outpatient Cervical Epidural Injection to the Right C4-5 and C5-6 Disc Herniation:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: p. 46, 2010 Revision, Web Edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 46.

**Decision rationale:** Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) Epidural steroid injection can offer short term pain relief and use should be in

conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case, the patient was experiencing cervical pain. As stated above, there is insufficient evidence to support that the steroid injections as a treatment for cervical radicular pain. In addition, [REDACTED] in his note from August 8, 2013 states that he does not believe that epidural steroid injections will cure the patient's neck pain. Therefore, based on guidelines and the clinical information submitted for review, the request is not considered medically necessary or appropriate.