

<b>Case Number:</b>	CM14-0005525		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	04/06/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Orthopedic Surgery, and is licensed to practice in California. 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 record notes a 55-year-old individual with a date of injury of April 6, 2010. The mechanism of injury was a trip and fall off carrying heavy trays, landing on the back and right shoulder. The current diagnosis includes cervical discopathy with right upper extremity radiculopathy, and associated cervicogenic headaches, lumbar myoligamentous injury with right lower extremity radicular symptoms, gastritis, and right shoulder impingement (status post, subacromial decompression). Cervical epidural steroid injection has been requested at the right C5-6 level. Treatment to date has included an arthroscopic subacromial decompression, pharmacotherapy, and physical therapy. The cervical MRI was provided on June 7, 2013 and demonstrated cervical degenerative disc disease with 2 mm disc protrusions throughout the cervical spine, most significant at the C4-5, and C5-6 level. Moderate foraminal narrowing, as well as facet and uncovertebral joint hypertrophy was noted. The record notes that an EMG study was also requested to evaluate the radiculopathy; however, there is no documentation of these results. An encounter note dated November 18, 2013 from the claimant's pain management evaluation demonstrates continued pain in the cervical spine, with radiation to the shoulder and arm. A complaint of cervicogenic headache on the right with radiation to the right eye is noted. The claimant has been treated with Naprosyn, Tylenol, and Tramadol. The record indicates that the claimant was unresponsive to pharmacotherapy and physical therapy. Physical examination reveals tenderness to palpation over the posterior cervical muscles, trapezius, medial scapular, and suboccipital region. Multiple trigger points and taut bands are noted throughout. Cervical range of motion is decreased and all planes. Diminished reflexes are noted in the right triceps and brachioradialis. Strength is reported to be 5/5 in the bilateral upper extremities with decreased sensation along the right posterior lateral arm in the lateral forearm with diminished grip strength on the right compared to the left. The record indicates that the claimant has

received trigger point injections to the posterior cervical muscles, medial scapular, and trapezius muscles with greater than 50% pain relief and resolution of headaches as well as an increase range of motion. Continued radicular symptoms were noted in the right arm. Following the procedure. The treatment recommendation was for continued pharmacotherapy including Norco 10/325 (Q ID), Anaprox DS 550 (b.i.d.), and Prilosec 20 mg (b.i.d.). A diagnostic epidural steroid injection is also recommended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ONE CERVICAL EPIDURAL STEROID INJECTION AT THE RIGHT C5-C6.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES., CHAPTER: EPIDURA.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 8 C.C.R. §§9792.20 - 9792.26; MTUS (EFFECTIVE J.

**Decision rationale:** California guidelines support epidural steroid injections in a clinical setting where radiculopathy is documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing. The clinical presentation on examination provides some evidence of signs/symptoms of radiculopathy, however, there is no corroborative MRI evidence provided to support the radiculopathy noted. Additionally, EMG/NCV studies have been requested, but are not submitted in support of this request. Based on the clinical information available, in the absence of support electrodiagnostic studies, this request is not medically necessary and appropriate.