

<b>Case Number:</b>	CM14-0008979		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 38-year-old male who has submitted a claim for displacement of cervical intervertebral disc without myelopathy associated with an industrial injury date of 08/06/2012. Medical records from 02/07/2013 to 01/14/2014 were reviewed and showed that patient complained of intermittent neck pain, graded 3/10, accompanied by right shoulder and low back pain. Physical examination showed tenderness of the midline cervical spine with mild muscle guarding. Range of motion was limited. DTRs of the bilateral upper and lower extremities were decreased. Motor testing was normal. Sensation was intact. X-ray of the cervical spine, dated 01/14/2014, showed loss of cervical lordosis, and well-maintained joint and disc spaces. Treatment to date has included medications, physical therapy, and bilateral right shoulder arthroscopy. Utilization review, dated 12/16/2013, denied the request for cervical ESI because radiculopathy was not documented, there were no imaging / electrodiagnostic studies submitted, there were no motor or sensory deficits noted, and previous conservative therapy was not documented.

### 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 Chronic Pain Treatment Guidelines STEROID INJECTIONS (ESIs) Page(s): 46.

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

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. In this case, the patient complains of neck pain accompanied by back and right shoulder pain despite medications and physical therapy. However, physical exam failed to show evidence of radiculopathy or motor and sensory deficits. Moreover, the medical records submitted for review did not include imaging or electrodiagnostic studies. Lastly, the present request as submitted failed to specify the targeted level and laterality of ESI. The criteria for ESI have not been met. Therefore, the request for CERVICAL EPIDURAL STEROID INJECTION is not medically necessary.