

<b>Case Number:</b>	CM14-0012961		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	06/02/1998
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Occupational Medicine, 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 patient is a 50-year-old male who has submitted a claim for complex regional pain syndrome of the left upper extremity, myofascial pain syndrome, left arm pain with possible left brachioplexopathy, and possible spread of complex regional pain syndrome to the right upper extremity associated with an industrial injury date of June 21, 1998. Medical records from 2013-2014 were reviewed. The patient complained of constant neck pain, rated 7-8/10 in severity. There was an associated headache as well. The pain radiates to the bilateral upper extremities, left more than the right. There was tingling, numbness and burning sensation. He has difficulty reaching above the left shoulder because of a frozen shoulder. Physical examination showed a severely restricted range of motion of the left shoulder. There was a well-healed surgical scar on the cervicothoracic spine area. There was visible swelling on the left cheek and bilateral hands. Motor strength was decreased in both upper extremities at 5-/5. MRI of the cervical spine, dated June 18, 2013, revealed central disc protrusion at C4-C5 with osteophyte complex at C5-C6 and disc herniation at C6-C7. Treatment to date has included medications, physical therapy, psychotherapy, home exercise program, and activity modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANS LAMINAR CERVICAL (NECK) EPIDURAL STEROID INJECTION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

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

**Decision rationale:** According to page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; the patient should be initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, repeat epidural steroid injection should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than four blocks per region per year. In this case, the patient has persistent neck pain with bilateral upper extremity symptoms. The patient presented with slightly decreased strength on both upper extremities. There was no clear evidence of radiculopathy from the physical examination findings of the patient. MRI of the cervical spine dated June 18, 2013 revealed disc protrusion and disc herniation. The MRI did not document neural foraminal stenosis or any nerve compression findings. In addition, there was no evidence that the patient was unresponsive to conservative treatment. The guideline criteria have not been met. Moreover, the laterality and specific spinal level was not specified on the present request. As such, the request is not medically necessary.