

<b>Case Number:</b>	CM14-0114201		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/08/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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:

This 39-year-old male dairy worker sustained an industrial injury on 12/8/12, when he was kicked by a cow in the left shoulder area. The 5/24/13 cervical spine MRI documented multilevel mild to moderate degenerative disc disease at C3-C7, prominent at C5/6 and C6/7 with severe left C6/7 neuroforaminal stenosis. Conservative treatment had included chiropractic, massage, and physical therapy, without long term pain relief. The 2/24/14 consult report cited a two-year history of left shoulder pain radiating down the left arm with intermittent numbness into the entire arm. There was diffuse global weakness in the left arm because of pain, pain in the left shoulder joint to gentle palpation, and normal sensation and reflexes. Some of the symptoms are suspected from a left rotator cuff tear. There was neuroforaminal narrowing from a degree at C6/7 and a disc osteophyte complete at C5/6 both which cause neuroforaminal narrowing on the left. The initial recommendation was a cervical transforaminal epidural steroid injection on the left at C5/6 and C6/7. If that does not cause significant pain relief, then cervical spine surgery would be recommended. The 6/19/13 treating physician report cited increased left shoulder pain with all motions and more numbness and tingling in the thumb, index and middle finger. Cervical spine pain was 3-5/10 and increased with activities of daily living. He was unable to perform overhead pushing, pulling or reaching with the left arm. Physical exam findings documented tenderness to palpation in the mid-line C4-6, normal upper extremity reflexes, and 1st dorsal interosseous weakness. Cervical range of motion was moderate to markedly limit. Left shoulder exam documented grade 1 crepitation with range of motion and slight deltoid atrophy. The treatment plan recommended cervical epidural steroid injection at left C5/6 and C6/7, left upper extremity EMG/NCV, left shoulder MRI, and left shoulder rotator cuff repair. The 7/21/14 utilization review modified a request for cervical epidural steroid injection series at left C5/6 and C6/7 to one epidural steroid injection at C6/7.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical Epidural Steroid Injection Series at Left C5-6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, Chronic Pain Treatment Guidelines ESI's.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Repeat diagnostic blocks are not recommended if there is inadequate response to the first block. Repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. Guideline criteria have not been met for a series of epidural steroid injections at C5/6. Current physical exam findings are suggestive of radiculopathy at C6/7 consistent with imaging evidence of severe left C6/7 neuroforaminal stenosis. The 7/21/14 utilization review modified the request for a series of left C5/6 and C6/7 epidural steroid injections to one C6/7 epidural steroid injection. Guidelines do not support the medical necessity of repeat injections without documentation of positive response to the initial injection as outlined above. Therefore, this request for cervical epidural steroid injection series at left C5/6 is not medically necessary.