

<b>Case Number:</b>	CM14-0180405		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Internal 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 injured worker is a 50-year-old-man with a date of injury of September 5, 2013. He sustained chronic neck pain and shoulder pain from a work related injury working as a lineman. The mechanism of injury was not documented in the medical record. MRI of the cervical spine dated September of 2013 revealed a C5-C6 2 mm deep central disc herniation with bilateral neural foraminal narrowing and a C6-C7 3 mm osteophyte disc complex with severe bilateral neural foraminal narrowing. Pursuant to the progress note dated September 9, 2014, the injured worker presented 4 months postoperative right elbow nerve transposition and carpal tunnel release. He complains of persistent pain and paresthesias in the right hand and neck pain radiating to the right upper extremity. He has persistent right shoulder pain. There is persistent pain from the cervical spine to the right shoulder and upper arm with paresthesias predominantly involving the right small finger and ring finger. He also has persistent low back pain. Physical examination revealed mild trapezius tenderness. There was slight restricted range of motion (ROM) with pain on ROM. There was right shoulder anterior subacromial tenderness. There is 135 degrees of abduction, 140 degrees of flexion. There is pain in all extremes of motion. There is positive impingement sign and a positive Hawkins test. There is full rotator cuff strength. The injured worker was diagnosed with radiculopathy, cervical; and disturbance of skin sensation. Current medications were not documented. The provider has recommended two cervical epidural steroid injections at right C6. The injured worker has not had previous ESIs. The physician does not provide any documentation of any specific area regarding radiation of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Cervical Epidural Steroid Injections at Right C6 x2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Epidural Steroid Injection

**Decision rationale:** Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the epidural steroid injections are not medically necessary. The Official Disability Guidelines set the criteria for use of epidural steroid injections they include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs and muscle relaxants); for additional details see Official Disability Guidelines. In this case, the primary treating physician's interim report dated September 9, 2014 indicated the injured worker had persistent pain and paresthesia in the right-hand with neck pain radiating to the right upper extremity. Overall, there has been a decrease in paresthesia in the right hand and upper extremity. There is persistent and significant pain radiating from the cervical spine to the right shoulder and upper arm with paresthesias predominately involving the small finger and ring finger. The objective examination does not contain any evidence of radiculopathy. The diagnoses listed in the September 9, 2014 interim report are for status post right elbow cubital release, status post right hand carpal tunnel release; right shoulder impingement syndrome; cervical this protrusion's cervical radiculopathy, right C6; lumbar disc protrusion and facet arthropathy; and lumbar spine milt ligamentous sprain/strain. The documentation states there is some neck pain radiating into the arms. The treating physician does not document any specific area of radiation. He states the injured worker has some numbness in the ring and middle finger. The criteria for epidural steroid injection include radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This was not done and the criteria were not met. Consequently, the epidural steroid injections are not medically necessary.