

<b>Case Number:</b>	CM14-0073608		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/02/2009
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 41-year-old female who has submitted a claim for cervical strain and sprain with herniated disc and cervical radiculopathy, carpal tunnel syndrome bilaterally, and right shoulder impingement with tendonitis associated with an industrial injury date of 09/02/2009. Medical records from 09/25/2103 to 07/16/2014 were reviewed and showed that patient complained of neck pain radiating down the right arm with associated burning sensation. Physical examination revealed tenderness and trigger points over cervical paraspinal muscles. Cervical spine range of motion (ROM) was limited. Sensation to light touch was decreased along right C7 and C8 dermatomal distribution. Deep tendon reflexes (DTR) and Manual Muscle Testing (MMT) of upper extremities were with normal limits. MRI of the cervical spine dated 05/01/2013 revealed minimal disc desiccation throughout the cervical spine and probable abutment of exiting right C7 nerve root at C6-7 level. Electromyography (EMG) of the upper extremities (date not made available) revealed mild right carpal tunnel syndrome but no cervical radiculopathy. Treatment to date has included right shoulder arthroscopic surgery (10/11/2013), cervical epidural steroid injection (ESI) (02/2014) with less than 6 weeks of unquantified pain relief, physical therapy, trigger point injection (01/22/2014), 6 sessions of chiropractic treatment, and pain medications. Of note, patient noted relief with chiropractic treatment (04/16/2014). Utilization review dated 05/06/2014 denied the request for cervical epidural steroid injection because the medical necessity cannot be established based on the available medical records.

### 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.

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

**Decision rationale:** The CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: 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 (NSAIDs) and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; Repeat blocks 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 4 blocks per region per year. In this case, the patient had a previous cervical ESI (02/2014) with unquantified pain relief for less than 6 weeks. The guidelines recommend repeat ESI only if there was at least 50% pain reduction for 6 to 8 weeks from previous ESI. Moreover, the patient's clinical manifestations do not suggest radiculopathy. Furthermore, the patient noted improvement with chiropractic treatment (04/16/2014). There is no clear indication for cervical ESI based on the available medical records. The request likewise failed to specify intended levels for injection and if ESI will be done under fluoroscopic guidance. Therefore, the request for cervical epidural steroid injection is not medically necessary.