

<b>Case Number:</b>	CM14-0098241		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/06/2008
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Physical Medicine and Rehabilitation 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 36 year old male with date of injury of 9/6/08. The mechanism of injury is unknown. On 6/3/14, the injured worker was seen in a follow up visit and was complaining of exscalation of neck pain and headache, shooting down right upper extremity with tingling/numbness and paresthesia. During the follow up on 6/3/14, his pain was rated 5-8/10. The patient also reported pain with bending, turning and extending the neck. On exam, the cervical range of motion was restricted with paravertebral muscle spasms and localized tenderness in lower cervical and right supraclavicular region. Right Spurling was positive. Motor strength was 5/5 with give-way weakness of 4/5 in the right upper extremity. The medications noted in the follow up on 6/3/14 included; Celebrex, Ambien, Prilosec and Neurontin, as well as a home exercise plan. Current Diagnosis includes; B/L C5-6 radiculopathy, cervical disc protrusion at C5-6, chronic myofascial pain syndrome, right CTS, S/P hardware removal of right wrist for fracture, S/P right shoulder subacromial decompression, S/P right knee ACL repair. The patient reported a 70-80% relief in pain with epidural steroid injections. The plan is to repeat cervical Epidural Steroid Injection (ESI). The prior request was denied due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Translaminar CESI (Cervical Epidural Steroid Injection) C5-C6: 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.

**Decision rationale:** Per guidelines, "Cervical epidural steroid injections are recommended as an option for treatment of radicular pain." Current recommendations suggest, "a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. 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." There is little information documented on improved function. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. There is no Electrodiagnostic evidence of cervical radiculopathy and there is no documentation of trial with failure of conservative management such as physical therapy in this injured worker. Therefore, the request is considered not medically necessary.