

<b>Case Number:</b>	CM14-0177688		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 51-year-old male with date of injury of 01/15/2014. The listed diagnoses from 08/12/2014 are cervical disc displacement and cervical spondylosis. According to this report the patient complains of neck pain that radiates down the upper back. The patient describes it as aching and burning. He rates his pain on average 7/10 and at its worse 8/10 and with pain medication 6/10. The patient has radiating pain into the bilateral shoulders. He states that he has had an ESI previously, approximately three years ago, which greatly reduce his pain and allowed him to return to work. The examination shows no tenderness, kyphosis, or previous incisions in the cervical spine. Range of motion is within normal limits. Neural foraminal compression test is positive bilaterally. Intact pinprick sensation in all of the upper extremity dermatomes except decreased pinwheel sensation in the right C6 and C7 dermatomes. Reflexes are intact bilaterally in the upper extremities. The physician references an MRI of the cervical spine from 05/06/2014 that showed mild to moderate spinal stenosis and severe bilateral foraminal narrowing at C5-6. The documents include an MRI of the cervical spine from 05/06/2014, physical therapy reports from 03/19/2014 to 05/16/2014, and progress reports from 03/21/2014 to 09/09/2014. The utilization review denied the request on 09/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral cervical epidural steroid injection C5-C6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46-47.

**Decision rationale:** This patient presents with neck pain radiating down the upper back. The MTUS Guidelines page 46 and 47 on epidural steroid injection recommends this as an option for treatment of radicular pain as defined by pain in a dermatomal distribution with corroborative findings in an MRI. In addition, MTUS also states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The records do not show any previous epidural steroid injection reports. However, the 09/09/2014 report notes that the patient received an epidural steroid injection, location unknown, approximately three years ago under his private insurance with 100% pain relief. While the patient reports radiating symptoms into the upper back and shoulders with no description of dermatomal radiating pain. The examination was essentially normal for any nerve root problems. The MRI from 05/06/2014 showed mild spinal stenosis and severe bilateral foraminal narrowing at C5-6. In this case the patient has not been diagnosed with radiculopathy, there is no subjective complaint of radiculopathy and there are only minimal physical examination findings to support radicular involvement. The treating physician has not provided a clear clinical picture that supports this patient having radiculopathy. The MTUS guidelines has conflicting statements regarding supporting and not supporting epidural steroid injections for the cervical spine, but they are clear that if ESI is recommended then there must be pain in a dermatomal distribution with corroborative findings. The physician in this case has not met the MTUS criteria for cervical ESI. Therefore the request is not medically necessary.