

<b>Case Number:</b>	CM14-0192500		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 45 year old male/female with an injury date on 2/25/13. The patient complains of cervical pain, with C5, C6 and C7 dermatomes on left side disrupting function of that whole cervicothoracic and cervical shoulder joint, per 9/15/14 report. The patient has neck pain radiating to the left arm and also down her back and to her ribs, per 6/11/14 report. The patient does not want surgical intervention so the treating physician is recommending a repeat cervical epidural steroid injection due to limited options, per 10/15/14 report. The pain is rated 7/10 on visual analog scale (VAS). The patient is on an opioid, anticonvulsant, and NSAID, per 7/14/14 report. Based on the 10/15/14 progress report provided by the treating physician, the diagnoses are: left shoulder rotator cuff tears involving supraspinatus, infraspinatus, and possibly the subscapularis tendons per MRI report; cervical nerve root impingement C5 and C6 are involved independently and there is radiculopathy of the bilateral upper extremities; and severe bilateral carpal tunnel syndrome and a left ulnar neuropathy at the elbow. A physical exam on 10/15/14 showed "C-spine range of motion is limited with rotation at 40 degrees to left and to the right. Left shoulder range of motion is limited with abduction at 120 degrees, and signs of impingement. There are reproducible findings with shooting pain along the dermatomes (C5-, C6, and C7) clearly pathologic." The patient's treatment history includes epidural steroid injection (cervical), medication. The treating physician is requesting repeat C5-C6 therapeutic epidural steroid injection. The utilization review determination being challenged is dated 10/23/14. The requesting physician provided treatment reports from 1/29/14 to 10/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat C5-C6 therapeutic epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural Steroid Injections Page(s): 48.

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

**Decision rationale:** This patient presents with neck pain. The treating physician has asked for a repeat C5-C6 therapeutic epidural steroid injection on 10/15/14. A prior cervical ESI at C5-C6 ((date unspecified) "did not work, but maybe a new injection may help her since she is involving all three cervical spine regions" per 10/15/14 report. A cervical MRI dated 9/12/13, showed a 2mm right foraminal protrusion at C4-5 that causes mild right neural foraminal narrowing, and a 3mm central protrusion at C5-6 that indents the thecal sac and causes mild/moderate spinal canal stenosis. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to 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 has with chronic neck pain with left-sided radicular symptoms into the shoulder. A prior cervical epidural steroid injection was not effective, and a repeat injection is not indicated. According to MTUS, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Therefore, this request is not medically necessary. In this case, the patient has with chronic neck pain with left-sided radicular symptoms into the shoulder. A prior cervical epidural steroid injection was not effective, and a repeat injection is not indicated. According to MTUS, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The requested repeat C5-C6 therapeutic epidural steroid injection IS NOT medically necessary.