

<b>Case Number:</b>	CM14-0196500		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	07/15/2004
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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:

Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated October 2, 2014, the injured worker complains of pain in her neck, which radiates into the arms. Physical exam reveals decreased range of motion (ROM) of the cervical spine with pain. There is slight trapezial and paracervical tenderness. There is mild stiffness in the shoulders with pain on ROM. The impingement sign is negative. The Tinel's sign and elbow flexion tests are negative at the cubital tunnels. There is mild volar forearm tenderness bilaterally. The current working diagnoses are cervical arthrosis with radiculopathy; trapezial and paracervical strain; bilateral shoulder impingement; chronic regional pain syndrome; bilateral forearm tendinitis; low back injury; left foot and knee injuries; status post right long finger trigger finger release; status post left cubital tunnel release; and status post bilateral carpal tunnel releases with ulnar nerve decompression at the wrist. MRI of the cervical spine dated April 11, 2014 demonstrates straightening of the normal cervical lordotic curve; C3-C4 2-3 mm of diffuse disc and bony ridging; lateral vertebral hypertrophic changes narrowing the neural foramina, greater on the left; and C5-C6 3 mm broad based central left paracentral disc protrusion impinging upon the anterior aspect of the spinal cord. The treating physical is requesting authorization for cervical epidural steroid injection, level not specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection (CESI) (no levels provided): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), cervical epidural steroid injection (no levels provided) is not medically necessary. The criteria for epidural steroid injections are enumerated in the Official Disability Guidelines (ODG). 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; etc. A progress note dated October 2, 2014 from the primary treating physician as noted on page 145 of the medical record. Subjectively, the injured worker has pain in the neck that radiates into the arms. Physical examination, however, does not contain evidence of radiculopathy. Additionally, there are no electrodiagnostic studies confirming the presence of radiculopathy. According to the guidelines, the criteria include radiculopathy that must be documented by physical examination and corroborated by imaging and or electrodiagnostic testing. Also, the request does not contain the specific level(s) to be injected. Consequently, absent the appropriate required criterion and the level(s) to be injected an epidural steroid injections to the cervical spine (no level provided), this request is not medically necessary.