

<b>Case Number:</b>	CM14-0196848		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	10/31/2014
<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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 (IW) is an adult male who sustained an industrial injury on 09/05/2013. He has reported persistent radiating pain from the cervical spine to the right shoulder and upper arm with numbness predominately involving the small finger and ring finger. The primary diagnoses include unspecified disorders bursae and tendons shoulder region. The treating diagnoses are: Neck sprain and strain; lumbar sprain and strain; other postsurgical status other. Treatments to date include surgery on the right elbow and medication. A progress note from the treating provider dated 09/09/2014 indicates examination of the cervical spine shows mild trapezial tenderness with slight restriction of range of motion with pain on range of motion. Neurologic exam was normal. The right shoulder had anterior subacromial tenderness and pain at the extremes of motion. On 10/31/2014 Utilization Review non-certified a request for Cervical epidural injections at C6 on the right under fluoroscopic guidance, IV sedation and monitored anesthesia. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural injections at C6 on the right under fluoroscopic guidance, IV sedation and monitored anesthesia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC

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

**Decision rationale:** MTUS guidelines state, "there is insufficient evidence to make any recommendations for the use of epidural steroid injections to treat cervical radicular pain." The requested cervical epidural steroid injection is not medically necessary; it is not consistent with MTUS guidelines.