

<b>Case Number:</b>	CM14-0200725		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 57-year-old man who sustained a work-related injury on April 4, 2013. Subsequently, the patient developed chronic neck, shoulder, and mid back pain. According to a progress report dated July 18, 2014, the patient complained of burning, radicular neck pain and muscle spasms. His pain was described as constant, moderate to severe. The patient rated his pain as a 6-7/10. The pain radiates to the bilateral upper extremities, greater on the right side, associated with numbness and tingling. The patient also complained of burning bilateral shoulder pain radiating down the arms to the fingers, associated with muscle spasms. He rated the right shoulder pain as a 6-7/10 and the left shoulder pain as a 7/10. His pain was described as constant, moderate to severe. The patient complained of burning, radicular mid back and muscle spasms. The patient rated the pain as a 6-7/10. The patient stated that the symptoms persist but the medications do offer him temporary relief of pain. Examination of the cervical spine revealed +2 tenderness at the paraspinal, trapezius, and scalene muscles. There was also +2 tenderness to palpation at the occiput. The range of motion was restricted by pain. Examination of the bilateral shoulders revealed tenderness to palpation at the rotator cuff tendons and muscles attachment sites. There was no crepitus noted upon range of motion. Neer's impingement sign was positive on the right shoulder. Supraspinatus test was positive bilaterally. Sensation to pinprick and light touch was intact over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. Myotomes C5, C6, C7, C8, and T1 were decreased secondary to pain in the bilateral upper extremities. Deep tendon reflexes were 2+ and symmetrical in the bilateral upper extremities. Examination of the thoracic spine revealed +2 tenderness with spasms over the bilateral thoracic paraspinals and over the spinous processes. The range of motion was restricted by pain. Kemp's test was positive. The patient was diagnosed with cervical disc displacement HNP, cervical spine radiculopathy, cervical spine pain, cervical spine degenerative disc disease, bilateral shoulder AC

joint arthrosis, bilateral shoulder sprain/strain, thoracic spine pain, thoracic disc displacement HNP, kyphosis, thoracic spine degenerative disc desiccation, thoracic spine early spondylotic changes, and TMJ-pain-dysfunction syndrome. The provider requested authorization for cervical epidural steroid injection 6-7.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cervical Epidural Steroid Injection C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 309.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no documentation of functional and pain improvement with previous epidural steroid injection. There is no documentation of radiculopathy at the levels of requested injections. The presented documentation does not have MRI and/or EMG/NCV studies supporting the diagnosis of radiculopathy. Therefore, the request for cervical Epidural steroid Injection at C6-7 is not medically necessary.