

<b>Case Number:</b>	CM14-0207505		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	09/15/1998
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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, has a subspecialty in Hospice and Palliative Medicine (HPM) and is licensed to practice in Pennsylvania. 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 injured worker is a 45-year-old woman with a date of injury of 09/15/1998. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/20/2014, 11/03/2014, and 11/17/2014 indicated the worker was experiencing left neck pain that went into the left arm with associated numbness and headaches, left shoulder muscle spasms, and cool left hands. Documented examinations consistently described decreased sensation in the left arm following the path of the left C5 and C6 spinal nerve, tenderness and muscle spasms in the upper back with associated trigger points, tenderness in the left shoulder, decreased motion in the left shoulder joint, and left shoulder weakness. The reviewed records described a MRI done on 05/15/2014 as showing moderate to severe foraminal narrowing at the C5-6 level on the left. The submitted and reviewed documentation concluded the worker was suffering from left shoulder pain with spasm and paresthesias, cervical strain with associated headaches, thoracic outlet syndrome, depression, and myofascial pain syndrome. Treatment recommendations included medications, TENS, a home exercise program, and follow up care. A Utilization Review decision was rendered on 11/24/2014 recommending partial certification for an epidural steroid injection at the left C5-6 level with fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection with fluoroscopy, C5-C6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section.

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

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement and at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks. The submitted and reviewed documentation concluded the worker was suffering from left shoulder pain with spasm and paresthesias, cervical strain with associated headaches, thoracic outlet syndrome, depression, and myofascial pain syndrome. The documented examinations described findings consistent with radicular symptoms on the left side. These records described MRI findings that were consistent with the examination findings. There were no history, examination, or imaging findings consistent with radicular symptoms on the right side. There was no discussion describing special circumstances that would support injecting medications near the C5 spinal nerve except on the left side. In the absence of such evidence, the current request for epidural steroid injections at the C5-6 level with fluoroscopic guidance is not medically necessary except on the left side.