

<b>Case Number:</b>	CM14-0087693		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old male, who sustained an industrial injury on 02-08-2012. A review of the medical records indicates that the worker is undergoing treatment for sprain-strain of rotator cuff, sprain-strain of acromioclavicular joint, myofascitis of the shoulder region and shoulder pain. Treatment has included Lidoderm patch, Celebrex, Gabapentin, physical therapy and transcutaneous electrical nerve stimulator (TENS) unit. Some medications were noted to be helpful for pain while others were not and physical therapy and TENS were noted to be helpful. Electromyography-nerve conduction studies of the bilateral upper extremities on 12-2013 was noted to show evidence of carpal tunnel syndrome-median nerve neuropathy in the bilateral upper extremities with no evidence of cervical radiculopathy. MRI of the cervical spine on 04-09-2014 was noted to show C3-C4 severe central canal narrowing with 4 mm disc osteophyte flattening the anterior cervical cord, C5-C6 3 mm disc osteophyte complex mildly contacting left anterior cervical cord with moderate central canal and left neural foraminal narrowing and C4-C5 2 mm disc osteophyte complex with moderate central canal narrowing. Subjective complaints (05-02-2014 and 05-30-2014) included neck pain radiating to the bilateral upper extremities and right shoulder pain that was rated as 4 out of 10 with medications and 7 out of 10 without medications. Objective findings (05-02-2014 and 05-30-2014) revealed restricted range of motion of the cervical spine and bilateral shoulder due to pain, tenderness of the cervical paravertebral and paracervical muscles and trapezius, positive Neer's and Empty Can's test of the left shoulder, motor testing limited due to pain with reduced strength on the left and decreased sensation to light touch over the upper extremities on both sides and patchy in distribution. The

physician noted that a request for cervical epidural steroid injection at T7-T1 was being made due to increased radicular symptoms down to the left upper extremity. There is no indication that any previous epidural steroid injections were administered. Treatment plan also included medication changes, wrist splints and continued use of TENS unit and request for 8 additional sessions of physical therapy for the right shoulder was pending. The injured worker was noted to be off work. A utilization review dated 06-11-2014 non-certified a request for cervical epidural steroid injection at left C7-T1, with fluoroscopy.

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

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

#### **Cervical Epidural Steroid Injection at Left C7-T1, with Fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not identified here with EMG/NCS negative for cervical radiculopathy. Submitted reports have not demonstrated any specific neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Cervical epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. Criteria for the epidurals have not been met or established. The Cervical Epidural Steroid Injection at Left C7-T1, with Fluoroscopy is not medically necessary or appropriate.