

<b>Case Number:</b>	CM15-0002013		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old woman reported injuries to her right shoulder and neck after transferring a patient on 07/31/2013. The current diagnoses include cervical sprain/strain, sprain of shoulder and upper arm, lumbar sprain/strain, and injury to right median nerve. Previous treatment has included medications, ice, and multiple trigger point injections. A cervical epidural steroid injection appears to have been first requested on 5/20/14 with the rationale that some of the patient's shoulder pain may be referred from the neck. A primary treater's report dated 10/29/2014 noted that the injured worker presented with complaints that include continued pain in the right shoulder/trapezius area, and low back pain. There was no report of numbness, tingling, weakness, or lower extremity pain. Physical examination revealed moderate tenderness in the upper trapezius, limited range of motion in the right shoulder, tenderness in the spinous process and paraspinal muscle with decreased range of motion. The physician documented that the MRI performed on 01/07/2014 showed spondylosis C4-C6. The physician mentions an upper extremity EMG, but it is unclear if it was performed, and if so what its results were. There is no mention of any plan for physical therapy or other active rehab. The injured worker is on modified work restrictions, but it is not clear that she is actually working. A utilization review performed on 12/23/2014 non-certified a prescription for cervical epidural steroid injection based on no objective signs of radiculopathy. Official Disability Guidelines, Neck chapter, Epidural Steroid Injections was cited as the basis for the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical ESI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Epidural Steroid Injection (ESI)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Criteria for the use of Epidural Steroid Injections, page 46 Page.

**Decision rationale:** Per the guideline cited above, epidural steroid injections alone offer no significant long-term functional benefit, and their use should be in conjunction with other rehab efforts, including a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The clinical documentation in this case does not support the provision of a cervical epidural steroid injection (ESI) to this patient. A vague statement by the physician who originally requested the ESI that the patient's shoulder pain may be referred from the neck is not a sufficient reason to perform an ESI, which is an invasive procedure with clear risks to the patient. The MRI results as cited by the requesting physician do not definitively demonstrate cervical nerve root compression. The patient's physical findings of no dermatomal pain pattern, no dermatomal sensory deficit, and no documented myotomal weakness would indicate that she is not likely to have radiculopathy. It is unclear whether or not the patient has had neurodiagnostic studies of the upper extremities, and if so what the results were. The patient does not appear to be engaged in any active exercise program or other rehab effort. Based on the MTUS guideline cited and on the clinical information provided for my review, a cervical epidural steroid injection is not medically necessary. A cervical epidural steroid injection is not medically necessary because the patient does not have clear physical signs of radiculopathy corroborated by MRI and electrodiagnostic findings, and because she is not engaged in any active exercise or rehab program.