

<b>Case Number:</b>	CM15-0007675		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 61 year old male, who sustained an industrial injury on December 3, 2012. The diagnoses have included closed head injury with post-traumatic head syndrome with cognitive impairment, mood impairment, balance impairment and dizziness, right shoulder pain, status post right shoulder surgery and complaints of right knee pain. Currently, the injured worker complains of continued headaches, neck pain, right shoulder pain, back pain and right knee pain. A fairly recent (8/11/14) Neurological AME evaluator found no evidence of a cervical radiulopathy. Electrodiagnostic and detailed physical exam finding were not consistent with a radiculopathy. The Neuological findings were consistent with mild early carpal tunnel syndrome. On December 19, 2014 Utilization Review non-certified a epidural steroid injection cervical noting, Official Disability Guidelines was cited. On December 17, 2014, the injured worker submitted an application for IMR for review of epidural steroid injection cervical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection Cervical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back

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

**Decision rationale:** Due to the uncertain benefits from spinal epidural injections the MTUS Guidelines have very specific criteria to qualify for a trial of injections. The Guidelines state that both clinical findings and objective test findings have to correlate and these Guideline standards have not been met. The expert Neurological evaluation did not find clinical findings consistent with a cervical radiculopathy and the electrodiagnostic studies were negative for a radiculopathy. Under these circumstances, the request for epidural injection cervical spine is not consistent with Guidelines and is not medically necessary.