MAXIMUS Federal Services

| Case Number: | CM15-0107110 | | |
|---|---|---|---|
| Date Assigned: | 06/15/2015 | Date of Injury: | 04/12/2014 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/19/2015 |
| Priority: | Standard | Application Received: | 06/04/2015 |

## 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: Physical Medicine & Rehabilitation, Pain Management

## 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 58 year old male who sustained an industrial injury on April 12, 2014. He has reported injury to the left shoulder and cervical spine and has been diagnosed with intervertebral disc disorders, cervicalgia, and pain in joint, shoulder region. Treatment has included medications and injections. The injured worker returned with complaints of left shoulder pain that radiated to the left hand causing numbness and tingling. There was marked pain with stiffness to the cervical spine, causing him headaches. X-rays of the left shoulder and left humerus showed no increase of osteoarthritis. The treatment request included a cervical spine epidural steroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical spine epidural steroid injection (ESI) at C5-6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 47.

**Decision rationale:** Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Within the documentation available for review, there is a recent physical examination finding of positive neural tension maneuver on the left side supporting a diagnosis of radiculopathy. This was from a progress note on 2/9/15. Furthermore, the MRI does suggest some disc protrusion at the level of C5-6, with a 2mm disc bulge noted in a 7/28/14 MRI study. Although there was no spinal cord impingement and only the thecal sac was contacted, in some cases a disc can leak pro-inflammatory factors, which can result in radiculitis without overt impingement. Given this, the currently requested cervical epidural steroid injection is medically appropriate and can serve as a diagnostic tool.