

<b>Case Number:</b>	CM15-0140320		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	03/11/2010
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 50 year old male, who sustained an industrial injury on March 11, 2010. The injured worker was diagnosed as having cervical disc degeneration, facet syndrome and radiculopathy, thoracic pain and thoracic degenerative disc disease (DDD). Treatment to date has included home exercise program (HEP) and medication. A progress note dated July 7, 2015 provides the injured worker complains of headaches and neck pain increased from previous visit thought to be related to increased activity. He also reports anxiety muscle spasm, numbness and tingling with weakness. He rates the pain 5 out of 10 with medication and 8 out of 10 without medication. Physical exam notes cervical tenderness to palpation with decreased range of motion (ROM), spasm and triggering. Spurling's maneuver is painful. It is thought the injured worker has nerve root impingement or radiculopathy. The plan includes cervical injection, medication, home exercise program (HEP) and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural injection C7-T1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. There is no clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for cervical epidural injection C7-T1 is not medically necessary.