

<b>Case Number:</b>	CM15-0161248		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 45 year old male, who sustained an industrial injury on 5-5-2011. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical arthrosis-radiculopathy, trapezial-paracervical-periscapular strain, bilateral forearm tendinitis, bilateral shoulder impingement, bilateral radial tunnel syndrome and status post bilateral carpal tunnel release with ulnar nerve decompression. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-30-2015, the injured worker complains of cervical spine issues. Physical examination showed decreased, painful cervical range of motion and bilateral shoulder impingement sign. The treating physician is requesting cervical epidural steroid injection series.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural steroid injection series: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Regarding the request for Cervical Epidural steroid injection series, 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 electrodiagnostic testing. Guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Guidelines state most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. Current recommendations suggest a second epidural injection if partial success is produced with the first injection. Within the documentation available for review, there are no recent subjective complaints findings supporting a diagnosis of radiculopathy, no electrodiagnostic studies supporting a diagnosis of radiculopathy, no documentation of failed conservative treatment of physical therapy, and the request is for a series which is no longer recommended. As such, the currently requested Cervical Epidural steroid injection series is not medically necessary.