

<b>Case Number:</b>	CM15-0190948		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	11/18/1999
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 51 year old male who sustained an industrial injury 11-18-99. A review of the medical records reveals the injured worker is undergoing treatment for cervical radiculopathy, lumbago, cervicalgia, lumbar facet syndrome-spondylosis, shoulder joint pain, sacroiliac joint pain, and cervical disc herniation. Medical records (08-24-15) reveal the injured worker complains of pain in the neck radiating to the bilateral shoulders rated from 4-8/10 without mention of medications. The physical exam (08-24-15) reveals midline cervical tenderness with palpation, cervical and lumbar paravertebral muscle spasms, pain with cervical and lumbar extension-facet loading, and upper trapezius trigger points bilaterally, as well as midline tenderness upon palpation of the lumbar spine. Prior treatment includes 2 right shoulder surgeries and medications. The treating provider reports the MRI of the cervical spine (09-13) shows degenerative disc disease with protrusions and bulges. The MRI of the lumbar spine (09-13) is reported by the treating provider to show mild facet arthrosis, and 2 disc bulges. The treating provider reports the plan of (08-24-15) as medications including cyclobenzaprine, oxycodone, activity modification, ice, massage, rest, and heat. The original utilization review (09-22-15) non certified the request for a cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cervical epidural steroid injection is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are cervical disc herniation without myelopathy; lumbago; shoulder joint pain; and obesity. Date of injury is November 18, 1999. Request for authorization is September 18, 2015. According to a July 24, 2015 progress note, subjective complaints include neck pain with radiation to the bilateral shoulders and upper extremities, thoracic back and low back pain with no particular symptoms. The injured worker failed heat, ice and massage. Percocet and cyclobenzaprine are prescribed medications. Objectively, there is cervical and lumbar tenderness to palpation. The treatment plan is a cervical epidural steroid injection at C7, T-1. The documentation states the treating provider discussed the rationale for the injection including goals of pain relief and improved option. The patient would like to proceed. There are no acute neurologic findings indicating objective evidence of radiculopathy. There is no motor or sensory examination. There is no documentation of an electrodiagnostic study or MRI to corroborate the presence of radiculopathy. According to the utilization review, an epidural cervical steroid injection was noncertified #3009976 and #3018576 based on 40% pain relief with guidelines recommending 50% pain relief for 6 to 8 weeks. There is no failed recent physical therapy. Based on the clinical documentation in the medical record, peer-reviewed evidence-based guidelines, no objective evidence of radiculopathy on physical examination and no objective functional improvement under guideline recommendations from a prior cervical ESI, cervical epidural steroid injection is not medically necessary.