

<b>Case Number:</b>	CM15-0207834		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on 7-29-14. The injured worker was diagnosed as having left shoulder adhesive capsulitis; calcifying tendinitis of shoulder; neck sprain of joints-ligaments; cervical spinal stenosis; cervical disc degeneration. Treatment to date has included physical therapy; medications. Diagnostics studies included EMG-NCS left upper extremity (9-29-14). Currently, the PR-2 notes dated 10-13-15 indicated the injured worker complains of continuing neck pain somewhat greater on the left than the right with some radiation to the left trapezius area but with no radicular symptoms or other areas of referred pain. She reports minimal headaches and no true left shoulder discomfort. The provider notes, "She is not working and still not has her gym exercise, referral to another physician or epidural steroid injection approved." He also notes on 9-29-14 an "EMG-NCS left upper extremity ruled out peripheral neuropathy, peripheral nerve involvement or cervical radiculopathy." On physical examination, the provider notes, she does not have an ongoing headache. Her cervical spine reveals some non-acidic tenderness without obvious spasm. Range of motion throughout is moderately limited secondary to pain. She has reasonably good active motion of both shoulders with somewhat mild restriction of the left secondary to an ossific discomfort. She has no motor, sensory, reflex abnormality of upper extremities. He reviews a MRI scan of the cervical spine (no date) done in recent past which shows multilevel degenerative disc disease C4-C7. No significant central canal stenosis but some neural foraminal stenosis at multiple levels vertically on the left side. There is no other mention of physical therapy or home exercise program. He has requested a cervical epidural steroid injection and refill of medications

Norco. Another PR-2 notes that was submitted for review is dated 7-6-15. This note indicates the injured worker complains of neck pain essentially unchanged with continued radiation to the left trapezius without neurologic complaints. The provider notes "She has been told by the physical therapist there is nothing more the therapist can do for her and that therapist is recommending a self-exercise program at this time." The provider prescribed "Prednisone 20mg tabs" on this visit. A Request for Authorization is dated 10-22-15. A Utilization Review letter is dated 10-21-15 and non-certification for Cervical epidural steroid injection x1. A request for authorization has been received for Cervical epidural steroid injection x1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cervical epidural steroid injection Qty: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The patient presents with pain affecting the cervical spine. The current request is for Cervical epidural steroid injection Qty: 1. The treating physician report dated 10/13/15 (26B) states, "At this time once authorization is approved we will proceed with a cervical epidural steroid injection." The report goes on to state, "she continues to have her ongoing neck pain somewhat greater on the left than the right with some radiation to the left trapezius area but with no radicular symptoms or other areas of referred pain. MTUS Guidelines do recommended ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided do not show that the patient has received a previous ESI of the cervical spine. In this case, the patient presents with no radicular symptoms. Furthermore, the current request does not specify what levels are to be injected. The current request does not satisfy the MTUS guidelines as outlined on page 46. The current request is not medically necessary.