

<b>Case Number:</b>	CM15-0020918		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	11/13/2003
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54 year old male, who sustained an industrial injury on 11/13/2003. The diagnoses have included cervicalgia with radiculopathy and status post right shoulder rotator cuff repair (2007). Treatment to date has included surgical intervention of the back (2008) and right shoulder (2007) epidural steroid injection and medications. Currently, the IW complains of cervical spine pain and right shoulder pain with right upper extremity radiculopathy. Objective findings included right paravertebral and trapezius mild tenderness and spasm, decreased cervical range of motion with right sided neck pain, 5/5 bilateral upper extremity strength, C6 and C7 dermatome hypoesthesia to light touch and pinprick exams and trace and symmetric biceps and triceps deep tendon reflexes. Radiographic evaluation of the cervical spine (undated) showed degenerative disc disease at C5-6 and C6-7 with some bridging osteophytes and a small anterolisthesis at C6-7. His cervical MRI from 2012 reveals advanced right neural foraminal encroachment at C5-6 and moderate right and moderate to severe left C6-7 neural foraminal encroachment. On 1/20/2015, Utilization Review non-certified a request for cervical epidural steroid injection (ESI) to the right C5-6 and C6-7 area noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 2/03/2015, the injured worker submitted an application for IMR for review of cervical epidural steroid injection to the right C5-6 and C6-7 area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Cervical epidural steroid injection to the right C5/6 and C6/7 area: Overturned**

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

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

**Decision rationale:** 1 Cervical epidural steroid injection to the right C5/6 and C6/7 area is medically necessary per the MTUS Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The documentation indicates that the patient patient has right shoulder pain radiating down his arm causing C6, C7 hypoesthesia. His MRI reveals right sided neural foraminal encroachment at the C5-6 and C6-7 levels. The documentation indicates that the patient has tried physical therapy, medication management, and traction in the past for his neck. Given the severity of his cervical MRI findings which date back to 2012 it is reasonable to try epidural steroid injections at the requested levels therefore this request is medically necessary.