

<b>Case Number:</b>	CM15-0027260		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 67 year old male, who sustained an industrial injury on 8/23/12. The injured worker has complaints of chronic back pain with increasing neck pain that is sharp and radiates down left arm. The diagnoses have included degeneration of cervical intervertebral disc; brachial radiculitis and cervicgia. Treatment to date has included home exercise; massage therapy; single left shoulder subacromial corticosteroid injection; Magnetic Resonance Imaging (MRI) of the left shoulder showed partial-thickness rotator cuff tear and biceps tendon subluxation. Cervical spine Magnetic Resonance Imaging (MRI) showed quite significant degenerative changes with moderately severe central canal narrowing and multilevel neural foraminal narrowing, with grade anterolisthesis at C7-T1 and facet arthropathy with capsulitis and osteitis of the left C2-3 facet (probably accounting for patient's left-sided occipital headache issues). Brain Magnetic Resonance Imaging (MRI) showed age-typical senescent white matter changes. According to the utilization review performed on 2/5/15, the requested cervical steroid joint injection at the C5-C6 level under fluoroscopy with X-ray has been non-certified. CA MTUS, 2009, Chronic pain, page 46; Criteria for the use of epidural steroid injections were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**cervical steroid joint injection at the C5-C6 level under fluoroscopy with x ray: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 35.

**Decision rationale:** Per the guidelines, epidural spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Though the physical exam does suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, NSAIDS and muscle relaxants. A cervical epidural injection (in question here) is not medically substantiated.