

<b>Case Number:</b>	CM15-0027964		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	12/29/2008
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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

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 51 year old female injured worker suffered an industrial injury on. The diagnoses were cervical radiculopathy, cervical facet syndrome, shoulder pain, and spasms of the muscles. The diagnostic studies were magnetic resonance imaging and electromyography. The treatments were right shoulder arthroscopy, medications, TENS, physical therapy and shoulder steroid injection. The treating provider reported neck and right shoulder pain 7/10 with medications and 9/10 without medications. She reported the pain has increased especially at night. On exam the range of motion of the cervical spine was restricted and tenderness with spasms along with positive trigger points.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural injection C7-T1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47.

**Decision rationale:** The patient presents with pain in the neck and right shoulder rated 7/10 with medications, 9/10 without. The patient's date of injury is 12/29/08. Patient is status post right shoulder arthroscopic surgery on 04/26/10, right shoulder steroid injection at a date unspecified. The request is for CERVICAL EPIDURAL INJECTION C7-T1. The RFA is dated 01/29/15. Physical examination dated 01/26/15 reveals tenderness to palpation and spasm of the cervical paraspinal muscles, especially on the right side, reduced biceps and triceps reflexes bilaterally, and a trigger point with radiating pain on the right trapezius muscle. Sensory examination reveals decreased sensation along the C5 dermatome distribution on the right side. The patient is currently prescribed Flector patches, Prilosec, Senokot, Neurontin, Norco, Doc-Q-Lace, and Prochlorperazine. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary, is not working. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. MTUS states on page 46, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." In this case, the treater is requesting what appears to be an initial cervical ESI targeted at C7/T1 level bilaterally. Progress note dated 01/26/15 indicates that this patient has neurological deficit in the right C5 dermatome, but no other significant neurologic findings. While some radiating symptoms are described, they do not extend into the arm with the patient presenting mostly with neck, trapezial and shoulder pain. While the treater states that MRI/EMG findings are indicative of cervical radiculopathy, the reports were not made available for review. There does not appear to be a clear diagnosis of radiculopathy, with dermatomal distribution of pain down the arm, corroborating exam and diagnostics to warrant a trial of ESI. The request IS NOT medically necessary.