

<b>Case Number:</b>	CM15-0029091		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	06/05/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, 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 33 year old female, who sustained an industrial injury on 6/5/14. She reported mid back and left shoulder pain. The injured worker was diagnosed as having left shoulder calcific tendonitis, cervical spondylosis, cervical herniated nucleus pulposus, radiculopathy, and lumbar spondylosis/radiculopathy. Treatment to date has included 6 chiropractic treatments, 6 physical therapy sessions, and 12 sessions of acupuncture. An electromyography/nerve conduction study performed on 9/27/14 revealed findings consistent with cervical radiculopathy on the left side. Currently, the injured worker complains of left shoulder pain and neck pain. The treating physician requested authorization for a cervical epidural Cortisone trial. The treating physician noted based on the chronicity and severity of the injured worker' symptoms and positive electromyography findings combined with abductor weakness of the left hand a Cortisone trial is needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural cortisone trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. In his recent request, although the provider documented signs of radiculopathy, the provider did not document failure of conservative therapies. Therefore, the request for Cervical epidural cortisone trial is not medically necessary.