

<b>Case Number:</b>	CM15-0029522		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/20/2015
<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: 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 injured worker is a 57-year-old male, who sustained an industrial injury on February 9, 2013. He has reported intractable neck pain, headache, bilateral upper back pain, pain radiating into the left arm and pain with spasm and stiffness of the cervical spine, worse on the left than the right. The diagnoses have included left cervical radiculitis, neuroclaudication and herniated nucleus pulposus. Treatment to date has included radiographic imaging, diagnostic studies, physical and aquatic therapy, chiropractic treatments, acupuncture, pain medications and lifestyle modifications. Currently, the IW complains of intractable neck pain, headache, bilateral upper back pain, pain radiating into the left arm and pain with spasm and stiffness of the cervical spine, worse on the left than the right. The injured worker reported an industrial injury in 2013, resulting in the above described pain. He reported a 400 pound metal door falling on him and pinning him to the floor. He has been treated with multiple conservative therapies without resolution of the pain. Radiographic imaging revealed cervical spine abnormalities. Evaluation on January 27, 2015, revealed continued pain. It was noted there was slight improvement with past cervical spine epidural injections. It was noted he was authorized for a psychiatric consultation. On January 20, 2015, Utilization Review non-certified a request for cervical epidural steroid injections, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 14, 2015, the injured worker submitted an application for IMR for review of requested for cervical epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injections (level not given): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper back.

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

**Decision rationale:** This patient presents with neck, back, left shoulder, and right knee pain. The treater is requesting a CERVICAL EPIDURAL STEROID INJECTION LEVEL NOT GIVEN. The RFA was not made available for review. The patient's date of injury is from 02/09/2013 and he is currently on modified duty. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. MTUS also states, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The 01/27/2015 report notes that the patient has had previous cervical epidural injections with slight improvement. In this same report, the examination shows sensation is intact in the upper extremities. There is tenderness in the cervical paravertebral muscles and upper trapezius region on the left. The MRI of the cervical spine performed on 02/11/2013 showed straightening of the normal cervical lordosis; disk protrusions at C4-5, C-5, 6 and C6-7, of 2 to 3 mm; bilateral moderate to severe neuroforaminal stenosis with probable impingement on the C-5, C7 exiting nerve roots. While the patient reports slight improvement with cervical epidural steroid injections, the patient does not present with radiating symptoms. In addition, the examination does not show any radiating symptoms, sensory and neurological deficits. Furthermore, the patient's previous CESI did not result in at least 50% pain reduction for 6 to 8 weeks. The request IS NOT medically necessary.