

<b>Case Number:</b>	CM15-0210471		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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:

This is a 60 year old male who sustained an industrial injury on 6-6-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical degenerative disc disease, cervical radiculopathy and rule out carpal tunnel. According to the initial pain management evaluation dated 8-21-2015, the injured worker complained of neck pain. He stated the pain went down into his left shoulder and left arm. The injured worker was able to drive, walk a block and do household chores. He was working 12 hours a day. Objective findings (8-21-2015) revealed pain to palpation over the left paraspinal muscles at C5, C6, C7, left trapezius and left rhomboid. Spurling's sign was positive on the left. The injured worker reported some tingling in the C6 and C7 distribution on the left arm versus the right. Treatment has included physical therapy, acupuncture, transcutaneous electrical nerve stimulation (TENS) unit and medications. The treatment plan (8-21-2015) was for electromyography (EMG)-nerve conduction velocity (NCV) of the bilateral upper extremities and for cervical epidural steroid injection. No significant cervical radiculopathy was detected on electromyography (EMG)-nerve conduction velocity (NCV) dated 9-11-2015. The original Utilization Review (UR) (10-22-2015) denied a request for cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an epidural injection. MTUS guidelines state the following: Recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Guidelines state a repeat injection should only be offered if there is at least a 50-70% improvement for 6-8 weeks following the previous injection. The patient does not meet the current criteria at this time. According to the clinical documentation provided and current MTUS guidelines; an epidural injection, as stated above, is not indicated as a medical necessity to the patient at this time.