

<b>Case Number:</b>	CM15-0057500		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: New Jersey, Michigan, 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 46 year old male, who sustained an industrial injury on 01/18/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having disc herniation cervical six to seven, head contusion, left knee sprain, lumbar disc herniation at lumbar four to five and five to sacral one, right cervical six radiculopathy, status post right shoulder arthroscopy, and post concussive syndrome with momentarily loss of consciousness. Treatment to date has included chiropractic therapy, cervical epidural steroid injections, home exercise program, and medication regimen. In a progress note dated 02/16/2015 the treating physician reports complaints of neck pain with radiation to the mid back and the bilateral scapula along with numbness and tingling in the right upper extremity and twitching in the right digits. The treating physician requested a repeat cervical epidural steroid injection at cervical six to seven noting that previous injection resulted in good pain relief, but noted a recurrence in pain and symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection at C6-C7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to MTUS guidelines, 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. Furthermore, the patient file does not document that the patient is candidate for surgery. She was treated with conservative therapy without full control of the patient pain. Documentation does not contain objective findings on exam to support the presence of radiculopathy: strength, sensation, and reflexes are noted to be intact. There is no documentation that the patient have a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there is no clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for cervical epidural steroid injection at C6-7 is not medically necessary.