

<b>Case Number:</b>	CM15-0074410		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 55-year-old male, who sustained an industrial injury on 07/25/2013. He has reported injury to the neck, bilateral shoulders, bilateral wrists, left hip, lumbar spine, and left knee. The diagnoses have included cervical degenerative disc disease; cervical spinal stenosis; cervical radiculopathy; right shoulder impingement and rotator cuff tear; status post left shoulder diagnostic and operative arthroscopy with endoscopic rotator cuff repair, on 11/26/2013; bilateral carpal tunnel syndrome; and lumbar degenerative disc disease. Treatment to date has included medications, diagnostics, acupuncture, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Celebrex, Voltaren, and Flexeril. A progress note from the treating physician, dated 01/22/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of a lot of pain on both sides of the neck; pain is rated 7/10 on the pain scale; he is having a hard time sleeping at night and keeps waking up at night; he is undergoing acupuncture, but acupuncture is not completely resolving the pain at this point; and the acupuncture gives him short-term relief and then the pain comes back. Objective findings included spinal stenosis at C3-C4, C4-C5, and C6-C7. The treatment plan has included cervical epidural steroid injection at bilateral C3-4 and C4-5.

### 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 bilateral C3-4 and C4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**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. Furthermore, in his recent request, the provider did not document any signs of radiculopathy at C3-4 and C4-5 levels of the requested cervical injections. There is no clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for cervical epidural steroid injection at bilateral C3-4 and C4-5 is not medically necessary.