

<b>Case Number:</b>	CM14-0126787		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	04/25/2007
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 43-year-old male who reported an injury on 04/25/2007 due to an unknown mechanism. Diagnoses were disorders of bursae and tendons in shoulder region unspecified, lumbago, psychological and psychiatric issues, orchitis and epididymitis unspecified, decreased libido, unspecified psychosexual disorder, various internal issues/disorders, and status post cervical spine injection. Past treatments were a cervical spine epidural steroid injection on 06/16/2014 with a reported 60% improvement in pain that started 2 days after the procedure. How long the pain relief lasted was not reported. Diagnostic studies were transcranial magnetic stimulation and an MRI of the right shoulder. Surgical history included a lumbar spine fusion and right shoulder endoscopic surgery. The injured worker had a physical examination on 06/30/2014 with complaints of shoulder, neck, and lower back pain. The neck pain was reported as constant and in the left side of the neck that traveled to the left and the right, described as burning. The pain was rated as a 6 on a scale of 1 to 10. The lower back pain was reported as constant pain in the bilateral left greater than the right lower back which was described as stabbing, burning, and cramping. The pain was rated at an 8 on a 1 to 10 scale. The examination of the cervical spine revealed deep tendon reflexes were normal. At levels C5-6, C6-7, and C7-T1, palpation revealed paraspinal tenderness on the left. Range of motion for the cervical spine was flexion to 50 degrees to the right and left extension was to 60 degrees to the right and left, rotation to the right was 80 degrees, rotation to the left was to 80 degrees, lateral tilt to the right was to 40 degrees, and lateral tilt to the left was to 45 degrees. Pain was reported on all levels of range of motion. Medications were Zanaflex and Ultram ER. The treatment plan was not reported. The rationale was not reported. The Request for Authorization was submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**S/P Cervical Spine Epidural Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The request for status post cervical spine epidural injection is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. Past conservative care treatments were not reported. The injured worker had an epidural steroid injection of the cervical spine on 06/16/2014 with a reported 60% improvement in pain that began 2 days after the procedure. It was not reported how long the pain relief lasted. The medical guidelines state 6 to 8 weeks. Radiculopathy was not corroborated by physical examination and imaging studies. Therefore, the request is not medically necessary.