

<b>Case Number:</b>	CM14-0181924		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 52 -year-old woman who sustained a work-related injury on May 19, 2014. Subsequently, she developed chronic neck pain. Her MRI of the C-spine performed on July 8, 2014 demonstrated multilevel degenerative disc disease with posterior disc protrusion at C5-C6. The patient continued to have chronic neck and back pain for which she consulted the emergency room September 15, 2014. According to a neurosurgery evaluation performed October 3, 2014, the patient was complaining of neck pain radiating to the left arm. Her pain severity was rated 7-8/10. She was also complaining of numbness in the left hand. The physical examination demonstrated the cervical tenderness with reduced range of motion, left upper extremity weakness and absence of the left biceps reflex. The patient was diagnosed with the cervical disc displacement with radiculopathy and cervical stenosis. The patient was treated with cervical epidural injection on October 3, 2014, however there is no information about the efficacy of the injection. The provider request authorization for bilateral cervical cortisone injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection bilateral cervical spine:** Upheld

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

**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, the patient recently received cervical epidural injection without documentation of the results of this injection. In his recent request, the provider did not document the level of the requested cervical injections. In addition, 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 is not medically necessary.