

<b>Case Number:</b>	CM14-0183587		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 58-year-old woman who sustained a work-related injury on April 19, 2013. Subsequently, she developed chronic neck pain. MRI of the cervical spine dated June 4, 2014 showed multilevel neural foraminal stenosis predominant left-sided, C5-6 disc herniation, and neural foraminal stenosis. According to the progress report dated September 22, 2014, the patient has been complaining of constant neck pain with radiating pain going down into the left upper extremity. She rated the pain as a 3/10. The pain is occasional in nature. The patient is allergic to Lidoderm patches. Examination of the cervical spine revealed pain to palpation over the paraspinal muscles at C5, C6, and C7. Tight paraspinal muscles were noted. There was pain to left lateral rotation at 50 degrees. The patient had no pain on extension or flexion. The patient had positive Spurling's sign on the left. Sensation was intact to light touch, pinprick and two-point discrimination in all dermatomes in the bilateral upper extremities. Deep tendon reflexes and motor strength were preserved except global motor weakness in the left upper extremity in a nonspecific myotome dermatome distribution. The patient was diagnosed with cervical disc herniation and cervical radiculopathy. The provider requested authorization 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 Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's).

**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 file does not document that the patient is candidate for surgery. In addition, 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 is not medically necessary.