

<b>Case Number:</b>	CM14-0107755		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/12/2012
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40 year old male patient who sustained an industrial injury on 8/12/2012. A primary treating office visit dated 06/03/2014 reported the patient with subjective complaint of having constant cervical pain that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. There is radiation of pain into the upper extremities along with associated headaches. The plan of care involved recommending a course of physical therapy, and follow up visit. The initial physician's evaluation dated 04/08/2014 reported subjective complaint of having intermittent pain. He is diagnosed with lumbago, bilateral shoulders, right wrist, and hand pain. Treatment rendered included physical therapy course twice weekly for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult with pain management for cervical epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment Workers Compensation (ODG-TWC): Neck & Upper Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47.

**Decision rationale:** The patient presents with constant cervical spine pain with radiation of pain into the upper extremities. The current request is for a consult with pain management for cervical epidural steroid injection. Treatments to date have included physical therapy and medications. The patient is currently working full duty. The MTUS has the following regarding ESI's, under its chronic pain section Page 46, 47: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." MRI of the cervical spine from 05/05/14 revealed 2-3mm posterior disc protrusion at C5-6 and C6-7. Examination revealed positive axial loading compression test and Spurling's maneuver. There was limited range of motion with noted pain. The treating physician states that the patient's pain is worsening and requested authorization "for referral to a pain management for consideration of cervical epidural injections." There is no indication of prior cervical ESI. In this case, the patient reports neck pain with radicular symptoms down the arm, but the MRI of the cervical spine does not corroborate the patient's radicular symptoms. MRI showed only 2-3 mm protrusions with no stenosis or potential nerve root lesion that could explain the patient's radicular symptoms. MTUS page 46 further states that "there is insufficient evidence to make any recommendation for the use of epidural steroid injection and to treat radicular cervical spine pain." Given that the patient does not meet the indication for an cervical ESI, the requested consult with pain management for CESI is not medically necessary.