

<b>Case Number:</b>	CM15-0013246		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: California

Certification(s)/Specialty: Emergency 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:

This 60 year old male sustained an industrial injury on 9/26/11, with subsequent ongoing neck, bilateral shoulder, back and bilateral knee pain. Electrodiagnostic study (3/15/12) showed severe bilateral carpal tunnel syndrome, mild left ulnar neuropathy at the elbow, axonal polyneuropathy but no evidence of cervical radiculitis. Magnetic resonance imaging cervical spine (3/13/14) showed disc dessication with disc bulge, facet arthropathy and neural foraminal stenosis. In an agreed medical evaluation dated 11/21/14, the injured worker complained of neck pain with radiation into bilateral upper extremities and hands with numbness and tingling, bilateral shoulder pain, thoracic spine pain, lumbar spine pain and bilateral knee pain. Physical exam was remarkable for tenderness to palpation in the interscapular muscles of the cervical spine on the left with spasm and decreased range of motion, positive Phalen's and Tinel's tests at bilateral wrists, positive Finkelstein's test on the left and negative Adson's and Spurling's test. Sensation was within normal limits bilaterally. Work status was total temporary disability. On 12/29/14, Utilization Review noncertified a request for Cervical Epidural Steroid Injection at C5-C6-C7 noting lack of supportive studies and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### 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 C5-C6-C7: Upheld**

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

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

**Decision rationale:** The requested Cervical Epidural Steroid Injection at C5-C6-C7 is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injured worker has neck pain with radiation into bilateral upper extremities and hands with numbness and tingling, bilateral shoulder pain, thoracic spine pain, lumbar spine pain and bilateral knee pain. Physical exam was remarkable for tenderness to palpation in the interscapular muscles of the cervical spine on the left with spasm and decreased range of motion, positive Phalen's and Tinel's tests at bilateral wrists, positive Finkelstein's test on the left and negative Adson's and Spurling's test. Sensation was within normal limits bilaterally. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above have not been met. As such the request for Cervical Epidural Steroid Injection at C5-C6-C7 is not medically necessary.