

<b>Case Number:</b>	CM15-0014891		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	10/03/2008
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: 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 50-year-old male, with a reported date of injury of 10/03/2006. The diagnoses include degeneration of the cervical spine, neck pain, and cervical disc with radiculitis. Treatments to date have included Botox injections, trigger point injections, computerized tomography (CT) scan of the cervical spine, and cervical myelogram. The medical report dated 01/15/2015 indicates that the injured worker had persistent spasms, muscle cramps, and contracted muscle mass along the left cervical paraspinal and trapezius muscles. He also had increased numbness and tingling in the bilateral hands. An examination of the cervical spine left suprascapular fullness with large muscle spasm, right anterior cervical rotation, restricted cervical spine range of motion in all planes, and bilateral tenderness at C2-3, C3-4, C4-5, C5-6 joints facet. The treating physician requested cervical epidural steroid injection at C7-T1.

### 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 C7-T1: Upheld**

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

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

**Decision rationale:** The 50-year-old patient complains of neck pain along with increasing numbness and tingling in hands bilaterally, as per progress report dated 01/15/15. The request is for CERVICAL EPIDURAL STEROID INJECTION AT C7-T1. The RFA for the case is dated 03/09/15, after the UR denial date, and the patient's date of injury is 10/03/06. The patient is status post right carpal tunnel release, status post appendectomy and status post arthroscopic surgery, as per progress report dated 01/15/15. Diagnoses included degeneration of cervical disc, neck pain, and cervical disc with radiculitis, and dystonia, torsion. The patient is currently working full duty, as per the same progress report. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing," The Guidelines also state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." In this case, the progress reports do not document prior ESI of the cervical spine. The patient suffers from neck pain along with numbness and tingling in bilateral hands, but nor radicular symptoms are documented although the treater calls it radiculitis per progress report dated 01/15/15. Physical examination revealed positive Spurling's test bilaterally and Cervical CT scan and MRI revealed degenerative disc disease and facet arthrosis very prominent along C2-3, C3-4, C4-5, C5-6, and C6-7 as well as neuralforaminal narrowing, as per the same progress report. There is lack of a specific and clear diagnosis of radiculopathy. There is no specific radicular symptoms described showing a nerve root related pain down the arm. Examination is not conclusive and CT scan showed findings that do not correlate with the patient's symptoms, other than the neck pain. The request IS NOT medically necessary.