

<b>Case Number:</b>	CM15-0114303		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 62 year old male, who sustained an industrial injury, January 17, 2014. The injured worker previously received the following treatments Alprazolam, 12 sessions of chiropractic services, Pantoprazole, right shoulder MRI, cervical spine MRI which showed congenital central canal stenosis from C3-C7 with multilevel degenerative changes of the cervical spine intervertebral discs and facets causing moderate left C4-C5 and right C4-C6 neural foraminal narrowing. The injured worker was diagnosed with cervical strain/sprain, right shoulder and upper arm sprain. According to progress note of December 16, 2014, the injured worker's chief complaint was right shoulder and right side of the neck pain. The injured worker was working modified duty. The physical exam noted the injured worker to be in mild pain. The muscle tone of the trapezius muscles had increased. There was tenderness with palpation. The examination of the neck showed decreased range of motion of the neck. The right rotation was 90 degrees. There was pain with lateral bending to the left at 30 degrees and to the right at 30 degrees. The left rotation was at 60 degrees. The trapezius was mildly tender with palpation. The sharp, bulk, contour and tone of the shoulder girdle was normal. There were no limitations with flexion, extension, adduction, abduction, or internal or external rotation. There was tenderness of the short head of the biceps tendon. Pain was provoked on elbow flexion and supination with examiner rotation. The treatment plan included 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 injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant sustained a work injury in January 2014 and continues to be treated for neck and radiating arm pain. When seen, there was mildly decreased cervical spine range of motion with trigger points. There was a normal neurological examination. An MRI of the cervical spine in December 2014 included findings of moderate neural foraminal narrowing at C4-5 on the left and C5-6 on the right. Criteria for the use of an epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there were no reported physical examination findings that would support a diagnosis of cervical radiculopathy. The requested epidural steroid injection is not medically necessary.