

<b>Case Number:</b>	CM15-0123898		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Maryland

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

The injured worker is a 63 year old male who sustained a work related injury October 12, 2012. Past history included hypertension, cardiac catheterization with stenting. According to a physician's office visit notes, dated May 29, 2015, the injured worker presented with complaints of bilateral neck and bilateral arm pain, unchanged since the last visit. He rates his pain 4/10 and admits to not taking his medication as prescribed. There is no evidence of medication abuse or dependency suspected. Examination of the cervical spine revealed range of motion is restricted and painful with extension and lateral bending. The paravertebral muscles reveal spasm, tenderness, with tight muscle band and trigger point noted on the right side. Spurling's maneuver causes pain in the neck muscles and facet loading positive. On sensory examination, touch sensation is absent over ulnar distribution of the left and ulnar distribution of the right hand. Diagnoses are cervical radiculopathy; disc disorder, cervical; myofascial/fibromyofascial; muscle spasm; muscle/ligament disorder not elsewhere classified; neuropathy upper extremity; cervical facet syndrome. An MRI of the cervical spine, revealed worsening stenosis at C4/5, C5/6 and C6/7 along with facet disease as those levels. At issue, the request for authorization for cervical epidural injection, 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 x 1 C7-T1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections Page(s): 46.

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

**Decision rationale:** Cervical epidural steroid injection x 1 C7-T1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate clear imaging studies or physical exam findings of radiculopathy in the proposed area for epidural steroid injection as there is a negative Spurling sign and the decreased hand sensation may be secondary to ulnar neuropathy/neuritis. Furthermore, the MTUS states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The documentation does not indicate that the patient has had evidence of reduced medication use and pain relief lasting 6-8 weeks after prior injection. For these reason the request for epidural steroid injection is not medically necessary.