

<b>Case Number:</b>	CM15-0127029		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	04/13/2013
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, 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:

This 39 year old male sustained an industrial injury to the neck, left knee, right hand and right elbow on 4/13/13. Previous treatment included left knee arthroscopy, physical therapy, epidural steroid injections and medications. Magnetic resonance imaging cervical spine (10/17/13) showed disc desiccation and multilevel disc protrusion with facet hypertrophy and neural foraminal stenosis. In a PR-2 dated 5/11/15, the injured worker complained of ongoing neck and right elbow pain. The physician noted that the injured worker had undergone a second lumbar epidural steroid injection on 1/8/15. Physical exam was remarkable for cervical spine with tenderness to palpation, positive Spurling's test and negative foraminal compression test. Current diagnoses included right elbow lateral epicondylitis, cervical spine disc protrusion, thoracic spine disc protrusion and status post left knee anterior cruciate ligament reconstruction. The treatment plan included cervical epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Neck and Upper Back Chapter, Epidural steroid injections and on the Non-MTUS AMA Guides.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, there is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. In addition, there is no clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for cervical Epidural Steroid Injection is not medically necessary.