

<b>Case Number:</b>	CM15-0021437		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	06/05/2014
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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:

The injured worker is a 33 year old female with an industrial injury dated 06/05/2014. Her diagnosis was displacement of cervical intervertebral disc without myelopathy. Prior treatments included acupuncture, chiropractic treatment, physical therapy, diagnostics and medications. In the progress note dated 01/05/2015 the treating physician notes the injured worker is complaining of pain in left neck and posterior shoulder with pain radiating down the posterolateral left arm to the elbow. Physical exam revealed decreased range of motion with increased pain with left tilt or rotation. Treatment plan was cervical epidural steroid injection at cervical 4-5 and cervical 5-6.

### 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 C4-C5 and C5-C6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); Physical Medicine Page(s): 46, 98-99.

**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, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for neck pain without radiculopathy. In addition, there is no documentation of failure of conservative therapy. Therefore, the request for Cervical epidural steroid injection at C4-C5 and C5-C6 is not medically necessary.