

<b>Case Number:</b>	CM15-0065917		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	03/18/1999
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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, Hawaii

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 61 year old male, who sustained an industrial injury on 3/18/1999. He reported injury of the neck and low back. The injured worker was diagnosed as having bilateral shoulder pain, cervical spondylosis, and bilateral elbow pain. Treatment to date has included medications, cervical spine epidural steroid injection, magnetic resonance imaging, x-rays, and urine drug screening. The request is for cervical epidural injection at C7-T1. A PR-2 dated 3/19/2015, indicates he complains of bilateral upper extremity pain, and his pain has increased since his last visit. He rates his pain as 6/10 with medications, and reports not trying other methods of therapy for pain relief. The records indicate he has tried acupuncture and felt it worsened his pain. A previous cervical epidural steroid injection in 2012 is reported to have given him greater than 50% pain relief. He reports not being interested in chiropractic therapy. The treatment plan included: continuing home exercise program, and request for 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 C7-T1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Esis.

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

**Decision rationale:** The patient has increasing neck and bilateral upper extremity pain. The current request is for Cervical Epidural Steroid Injection C7-T1. The MTUS Guidelines do recommend epidural steroid injections when certain criteria are met. MTUS states radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the patient is complaining of neck and bilateral upper extremity pain. There is no discussion or documentation of focal neurological deficit. There is no documentation of decreased sensation in a dermatomal distribution. There is no documentation of diminished reflex testing or muscle weakness. There is no discussion of positive nerve tension tests. Furthermore, there is no documentation of MRI findings, which suggest nerve root impingement. Additionally, there is no electrodiagnostic testing that indicates that radiculopathy is present. The current available documentation does not establish medical necessity per guidelines. As such, recommendation is for denial.