

<b>Case Number:</b>	CM15-0073760		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 68 year old male sustained an industrial injury on 6/6/11. He subsequently reported injury due to a fall down the stairs. Diagnoses include cervical spondylosis. Treatments to date have included x-ray studies, surgery, physical therapy and prescription pain medications. The injured worker continues to experience right shoulder and neck pain. A request for cervical epidural steroid injection at C4-5, C5-6 (2 injections) was made by the treating physician.

### 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 C4-5, C5-6 (2 injections): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Section, Epidural Steroid Injections.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cervical epidural steroid injections at C4 - C5 and C5 - C6 (two injections)

are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks. Etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured workers working diagnoses are status post bilateral shoulder subacromial decompression; and cervical spondylosis. The documentation, subjectively, according to a March 16, 2015 progress note states the injured worker has neck pain that radiates to the right shoulder down the right arm. The injured worker received physical therapy and is currently on a home exercise program and home traction. Objectively, there is no documentation of cervical radiculopathy. There is no discussion of corroborating magnetic resonance imaging or a electrodiagnostic testing. Consequently, absent clinical documentation with objective evidence of radiculopathy and corroborating evidence of MRI imaging and electrodiagnostic studies (guidelines), cervical epidural steroid injection at C4 - C5 and C5 - C6 (two injections) are not necessary.