

<b>Case Number:</b>	CM15-0078484		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### 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 38 year old male with an industrial injury dated 10/15/2010. The injured worker's diagnoses include status post C5- C7 anterior cervical disc fusion with recurrent cervicgia, cervical degenerative disc disease, left shoulder surgery with recurrent left shoulder pain, left cervical radiculopathy and chronic pain syndrome. Treatment consisted of diagnostic studies, prescribed medications, cervical epidural steroid injection (ESI) and periodic follow up visits. In a progress note dated 03/09/2015, the injured worker reported recurrent pain in his neck with constant shooting sensation to his left arm. The injured worker rated pain a 4-5/10. Objective findings revealed tenderness to palpitation over the C5-6 and C6-7 cervical interspace, muscular guarding over the left splenius cervicis muscle and upper trapezius region, decrease cervical range of motion and diminished sensation over the left C6-C7 dermatomal distribution. The treating physician prescribed services for one additional therapeutic cervical epidural steroid injection left C5-6 and C6-7 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection left C5/6 and C6/7:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - neck, ESI.

**Decision rationale:** The medical records provided for review do document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection but does not document corroboration with Neuroimaging or any EMG. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such the medical records do not support the use of ESI congruent with ODG guidelines. Therefore, the requested treatment is not medically necessary.