

<b>Case Number:</b>	CM14-0141339		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/18/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitant, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 55-year-old male with an injury date of 02/18/2011. According to the 07/17/2014 progress report, the patient complains of having numbness and tingling in his bilateral arms. He is scheduled for a right shoulder arthroscopy on 08/11/2014. The 03/07/2011 MRI of the right shoulder reveals degenerative changes in the supraspinatus tendon without evidence of a full-thickness tear. Mild amount of fluid noted at post labrum may indicate small tear in the labrum. The 07/02/2014 MRI of the cervical spine revealed the following: 1. There is straightening of the normal lordotic curvature usually secondary to muscle spasm. 2. C3-C4 1.5-mm central posterior disk protrusion indenting the anterior aspect of the thecal sac with moderate narrowings of both neural foramina. 3. C4-C5 mini narrowing of the left NF and moderately significant narrowing of the right NF. 4. C5-C6 moderately significant narrowings of both NF. 5. C6-C7 moderate degree of central stenosis, 3 mm posterior disk endplate osteophyte complex causing pressure over the anterior aspect of the thecal sac. Mild narrowing of the right NF and marked narrowing of the left NF. 6. C7-T1 mild degree of central stenosis, 3 mm disk endplate osteophyte pressure over the anterior aspect of thecal sac. Moderately significant narrowings of both NF. The patient's diagnoses include the following: 1. Degenerative disk disease C6-C7. 2. Mild bilateral carpal tunnel syndrome and entrapment of the ulnar nerve. 3. Right shoulder rotator cuff tendinitis with possible labral tear. 4. Wrist determined by AME to be non-work related. The utilization review determination being challenged is dated 08/12/2014. Treatment reports were provided from 04/24/2014 - 08/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical ESI injections C6-C7:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

**Decision rationale:** The 07/17/2014 progress report reveals that the patient has numbness and tingling in his bilateral arms. He is scheduled for a right shoulder arthroscopy on 08/11/2014. The request is for a cervical epidural steroid injection C6-C7. None of the reports mentioned if the patient has previously had an ESI. In reference to an epidural steroid injection, MTUS Guidelines states, "Radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Reviewing the reports, the patient has central stenosis at C6-C7 and moderate bilateral foraminal stenosis at C5-6 but it is not known whether or not this is what is causing the patient's arm symptoms. No examination findings or well-defined dermatomal distribution of pain down the arms correlate the patient's symptoms to the MRI findings. Examination findings lack evidence of radiculopathy. No other significant MRI findings are noted however, there were no positive exam findings provided. MTUS p46 states "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Recommendation is for denial.