

<b>Case Number:</b>	CM14-0144215		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 55 year old male who sustained an industrial injury on 10-16-12. A review of the medical records indicates the injured worker is undergoing treatment for neck and shoulder pain. Medical records (08-04-14) reveal his pain ranges from 2-10 to 8/10. The physical exam reveals the right hand grip is weaker than the left per jamar dynamometer testing. Deep tendon reflexes in the upper extremities are noted to be 1+ on the left, and 2+ on the right. The bilateral shoulders, elbows, wrists thumbs, fingers, and cervical spine range of motion are reported to be unrestricted and normal. Treatment has included physical therapy, medications, right shoulder surgery, medications, and going to the gym. Medications include Norco, Duexis, Lotrel, Xanax, Cymbalta, Ambien, allopurinol, and Protonix. The Norco is for unrelated spinal surgeries. The gym is the only thing that the injured worker reports has helped his pain. The original utilization review (08-18-14) noncertified a cervical epidural steroid injection at C3-5.

### 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 C3-C5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant sustained a work injury in October 2012 and is being treated for neck and shoulder pain. When seen, he has having neck and shoulder pain with radiating upper extremity numbness to the fingers. Physical therapy and medications had not helped. Physical examination findings included cervical spine tightness with normal range of motion. There was positive Spurlings testing. Strength, sensation, and upper extremity reflexes were normal. A cervical epidural steroid injection was requested. An MRI of the cervical spine on 06/02/14 included findings of up to moderate multilevel neuroforaminal stenosis. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. The claimant has complaints of numbness, not radicular pain. The requested epidural steroid injection was not medically necessary.