

<b>Case Number:</b>	CM13-0011505		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/15/2005
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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.

### 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 48-year-old female who reported an injury on 09/15/2005. The mechanism of injury was noted to be a slip and fall. The patient had a C3-6 anterior fusion on 08/09/2011. Her symptoms included pain in her neck with radiation into the occipital area and down to the bilateral trapezius between the shoulder blades. She also had bilateral numbness and tingling down her forearms, and pain into her right ring and little finger. It was noted that a cervical MRI on 06/10/2013 showed anterior fusion extending to C6-7 and uncovertebral hypertrophy at C6-7 with moderate foraminal narrowing. Physical exam findings included decreased range of motion in the cervical spine; pain with pressure over the facet processes bilaterally; painful trigger areas at the superior trapezius, middle trapezius and rhomboids; palpable spasms in the superior trapezius and middle trapezius muscles; decreased motor strength at 4/5 at the extensors and flexors of the elbow and wrists bilaterally; decreased reflexes at the right triceps; and decreased sensation to pinprick in the ulnar aspect of the right hand and over the right ring and little fingers.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection at C6-C7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The California MTUS Guidelines state that the criteria for the use of epidural steroid injections include that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; and the patient needs to have been initially unresponsive to conservative treatment, including exercises, physical methods, NSAIDs, and muscle relaxants. The patient was shown to have subjective complaints of radiculopathy as well as clinical objective findings consistent with radiculopathy. However, the most recent MRI noted on 06/10/2013 showed moderate foraminal narrowing at C6-7; however, there was no nerve compromise noted. Additionally, it was noted at her 11/25/2013 visit that a recommendation was made for physical therapy so that the patient could be trained on an appropriate home exercise program. It was noted that the patient had not had physical therapy since her operation on 08/09/2011. The patient was shown to have radiculopathy documented by physical exam; however, radiculopathy has not been corroborated by imaging studies and/or electrodiagnostic testing, and she has not had conservative treatment including exercises and physical medicines since her 2011 surgery; the criteria for the use of epidural steroid injections have not been met. Therefore, the request is non-certified.