

<b>Case Number:</b>	CM13-0011539		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	03/28/2010
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an 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 & Rehabilitation, has a subspecialty in Pain Medicine, 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 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. 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 43 year old female who was injured on 03/28/2010 while she was cleaning the kitchen hood in an awkward position. She developed pain in the left side of her neck and in her right shoulder. Prior treatment history has included physical therapy. The patient underwent right shoulder surgery on 01/14/2012. MRI of the cervical spine dated 11/18/2010 revealed: 1. A 2-mm broad-based disc protrusion at C3-4 2. C5-6, a 3.2-mm broad-based disc protrusion moderately impresses on the thecal sac 3. C6-7, a 3.7-mm right paracentral disc protrusion which moderately impresses on the thecal sac and appears to compress the right exiting C7 nerve root. The patient reportedly had EMG/NCV of the upper extremities; however, there were no findings provided. PR2 dated 07/29/2013 indicated the patient has complaints of neck pain radiating to the left arm which she rates a 7/10. She states she is not attending physical therapy and she is not performing stretching and exercising at home. Objective findings on examination of the cervical spine revealed decreased range of motion with tenderness to palpation; muscle manual test is 4/5. The patient is diagnosed with cervical disc protrusion with radiculopathy. The recommendation for this patient is CESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EPIDURAL STEROID INJECTION C7-T1 BILATERAL:** Upheld

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

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

**Decision rationale:** According to the guidelines, for a patient to be considered a candidate for epidural steroid injection: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The PR2 dated 07/29/2013 documented 4/5 muscle strength however it does not indicate which muscle group or myotome this finding was demonstrated, and whether the strength deficit is secondary to pain. The medical record does not establish radiculopathy on physical examination and corroborating to imaging or electrodiagnostic findings. The medical records do not establish this employee is a candidate for cervical epidural steroid injection. Therefore the request is non-certified.