

<b>Case Number:</b>	CM13-0021379		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Rehabilitation, 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 52 year old male with date of injury of 1/7/13. The listed diagnoses per [REDACTED] are cervical stenosis with myeloradiculopathy, and carpal tunnel syndrome. According to the progress report dated 8/14/13, the patient presents with neck pain radiating towards the right shoulder down his right arm and around his infraclavicular region. Range of motion of his neck increases pain into the arm. The patient reports numbness/tingling, particularly into the thumb and index finger. He feels better with medications. He has completed six sessions of physical therapy without relief. He has had one shoulder injection and no cervical epidural. Physical examination shows diffused tenderness in the neck. Positive Spurling's sign with rotation/extension of the neck to the right, creating discomfort in the right shoulder, down his right arm. He has diffused weakness in all muscle groups of the right arm. He has a mildly positive Hoffman's sign bilaterally and mildly positive upgoing toes to Babinski. The primary treating physician is requesting a cervical epidural injection at C5-6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A cervical epidural steroid injection at C5-6:** Overturned

**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): 46-47.

**Decision rationale:** The MTUS states that an ESI is recommended as an option for the treatment of radicular pain. The MTUS further states that for repeat injections, a 50% reduction of pain with functional improvement and medication reduction is required. Electrodiagnostic studies from 4/22/13 show radial neuropathy, but no evidence of radiculopathy. The patient has clear radiating pain down the arm extending into the first two digits, which is suggestive of radiculopathy. An MRI from 5/7/13 showed broad annular prominence causing 80% left and 70% right foraminal compromise at C5-6 level. Records also show that the patient has utilized physical therapy, massage therapy, and medications with some relief, but the patient continues to experience pain. According to the records provided for review, the patient has not had any ESIs in 2013 and prior. Given the patient's significant radicular pain, with positive Spurling's maneuver and positive MRI findings, it appears reasonable and consistent with the guidelines to try an ESI. The request is certified.