

<b>Case Number:</b>	CM13-0021660		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	03/23/2011
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	08/21/2013
<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 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 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 64-year-old female who reported an injury on 03/23/2011 to her cervical spine and right shoulder due to cumulative trauma while performing her job duties. An electrodiagnostic study performed on 02/16/2012 read by ██████ reported no findings of cervical radiculopathy, brachial plexopathy, and carpal tunnel syndrome, ulnar neuropathy of the right cubital tunnel or Guyon's canal, or generalized peripheral neuropathy affecting the right upper extremity. An MRI of the cervical spine performed on 07/25/2012 noted there was disc height reduction at C3-4 with no herniation, protrusion, or canal stenosis, mild left foraminal stenosis secondary to uncinete hypertrophy and facet arthropathy. At C5-6, there was disc height reduction with broad based bulging beyond the endplate margin contacting the ventral spinal canal with mild stenosis at the central spinal canal, no cord compression, and mild foraminal narrowing on the right secondary to uncinete hypertrophy and facet arthropathy. A clinical note dated 05/23/2013 signed by ██████ reported the patient complained of ongoing cervical spine pain. She is noted to have undergone conservative treatment including physical therapy, chiropractic treatment, acupuncture, and use of a spinal home traction unit and muscle stimulation, activity modification as well as progression to a self guided home exercise program, all of which provided no significant alleviation of her pain. She is reported to have been seen on 05/22/2013 and at that time to have completed 6 sessions of acupuncture with minimal transient benefit. She complained of persistent neck pain with associated numbness and tingling extending to both upper extremities, right side greater than left. She reported increased neck complaints with protracted periods of neck and head posturing in a fixed position and with repetitive rotational movements of the neck and head. She further reported difficulty sleeping on her right side. On clinical exam,

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C5-C6 transfacet epidural steroid injections:** Upheld

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

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

**Decision rationale:** The patient is a 64-year-old female who reported an injury on 03/23/2011. She is noted to have developed neck pain and right shoulder pain due to cumulative trauma performing her job duties. She is noted to have undergone a right shoulder surgery in 2011 and to continue to complain of ongoing neck pain with radiation of pain to the bilateral lower extremities. She underwent electrodiagnostic studies in 02/2012 of the right upper extremity which were negative for any findings of radiculopathy and an MRI of the cervical spine performed in 07/2012 noted mild left foraminal narrowing secondary to uncinata hypertrophy and facet arthropathy at C3-4 and mild central stenosis and right foraminal narrowing at C5-6. A request was submitted for bilateral C5-6 transfacet epidural steroid injections. The California MTUS Guidelines state that criteria for the use of epidural steroid injections includes complaints of radiculopathy documented by physical exam and corroborated by imaging studies or electrodiagnostic testing that is initially unresponsive to conservative treatment. The patient is noted to have undergone significant conservative treatment without reported improvement of her complaints of bilateral neck pain with radiation of pain, numbness, and tingling to the bilateral upper extremities and is reported to have decreased sensation in the C6 dermatome bilaterally. However, the MRI dated 07/25/2012 showed no neural impingement at any level of the cervical spine and electrodiagnostic study of the right upper extremity in 2012 documented no findings of radiculopathy. Although the patient is reported to have positive Spurling's and axial compression testing, and decreased sensation in the C6 dermatome, the findings of radiculopathy are not corroborated by imaging and electrodiagnostic study. Based on the above, the requested bilateral C5-6 transfacet epidural steroid injections are not medically indicated.