

<b>Case Number:</b>	CM13-0025316		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	08/08/2012
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient is a 53-year-old gentleman with cumulative trauma injuries to the left upper extremity, which have included with carpal tunnel syndrome of the left hand, status post carpal tunnel release surgery; significant cervical. spinal stenosis, especially at C6-7, with significant left foraminal narrowing; as well as Complex Regional Pain Syndrome (CRPS)-type symptoms in the left hand and arm. He stopped taking his medications due to them not helping him enough. He has pain around the neck, shoulder, and arm region with left arm numbness/tingling. There is a history of multi -level cervical disc disease, but with evidence of a left-sided annular tear at C5-6 with recess encroachment, as well as aI: C6-7 where there is moderate to marked left foraminal narrowing and a left -sided disc protrusion with annular tear. Per 8/28/13 physician note: "He potentially may be having active radiculopathy down the left arm in a C6-7 distribution". Patient has had extensive physical therapy primarily focusing on his extremity rather than his neck. Per 9/10/13 Utilization Review cervical epidural steroid injections was not certified and physical therapy of the neck times four was certified as past physical therapy was focused on the arm. An magnetic resonance imaging (MRI) of the cervical spine dated 09/25/12012 noted multiple findings. including cervical disc disease at C2-3. C3-4, C4-5. C5-6, C6-C7. and C7-T1. There was foraminal narrowing at C4/5 .There appeared to be evidence of a possible annular tear on the left side at C5-6 with significant lateral recess encroachment. At C6-C7. there was moderate to marked left foraminal narrowing and a left-sided disc protrusion and annular tear. Left upper extremity in 2012 (10/1/12) Impression: Abnormal study: MODERATE LEFT' CTS I. There is electrodiagnostic evidenced of moderate left median mononeuropathy (carpal tunnel syndrome) at the wrist without evidence of acute denervation Of axon loss. 2. There is no electro

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection (ESI), quantity one:** Upheld

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

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

**Decision rationale:** Cervical Epidural Steroid (ESI) quantity1 is not medically necessary per California Medical Treatment Utilization Schedule (MTUS) guidelines. Per guidelines "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, Non-steroidal anti-inflammatory drug (NSAIDs) and muscle relaxants)." There are no recent physical examinations of the cervical spine documented. Documentaton of a a cervical spine exam dates back to 3/17/13 which states that patient has a positive Spurling test on the left ." There is no documentation of distribution of the patient's radicular symptoms during this test. He had normal reflexes and decreased hand streghth with decreased sensation in a median nerve distribution during this exam" The patient continued to be treated for Complex Regional Pain Syndrome (CRPS). Additionally, per 9/10/13 documentation [REDACTED] states that the patient never had neck physical therapy and the physical therapy he had in the past focused on his arm /hand. California Medical Treatment Utilization Schedule (MTUS) recommends physical methods (i.e. therapy) prior to attempting a cervical epidural steroid injection. For this reason and the fact that his radiculopathpahy is no documented clearly on physical exam a cervical epidural steroid injection is not medically necessary.