

<b>Case Number:</b>	CM13-0028596		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 New York and Texas. 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 58-year-old female who sustained a work related injury on 01/29/2013. Subjectively, the patient reported complaints of right upper arm pain which was partially relieved with conservative care. An MRI of the cervical spine revealed mild to moderate foraminal narrowing on the right and mild narrowing on the left at the C6-7 level. The electrodiagnostic study performed was consistent with moderate right C7 radiculopathy. Objectively, the patient had decreased range of motion, positive Spurling's test bilaterally, tenderness to palpation, intact sensation, slightly decreased motor strength, and normal deep tendon reflexes. Request for authorization for C5 to C7 epidural steroid injection was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection (fluoroscopic guidance) for right C5-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESIs)..

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

**Decision rationale:** CA MTUS Guidelines for the use of epidural steroid injections state that "radiculopathy must be documented on physical exam, corroborated by imaging study and/or

electrodiagnostic testing, and should be initially unresponsive to conservative treatment." The clinical information provided documented objective findings indicative of a radiculopathy in the C7 distribution and is corroborated by imaging and electrodiagnostic studies. However, there is lack of objective documentation of a C6 nerve root compromise to warrant an epidural steroid injection at the C5-6 level. Given the aforementioned documentation submitted for review and guideline criteria for epidural steroid injections, the request is not supported. As such, the request for cervical epidural steroid injection (fluoroscopic guidance) for right C5 through C7 is non-certified.