

<b>Case Number:</b>	CM13-0034154		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 orthopedic surgery, has a subspecialty in spine surgery 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.

### 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 49 year old male who reported an injury on 10/12/2011. The mechanism of injury was noted that the patient was pulling carts and experience right neck and right upper extremity pain. The patient underwent right subacromial decompression on 02/04/2012. The patient continued to have complaints of right shoulder discomfort and severe neck pain with radiation of pain into the right upper extremity with numbness, tingling and weakness. The patient stated the intensity is 9/10 and constant. The patient stated symptoms decreased with physical therapy, ice and cortisone injections. The clinical documentation dated 07/30/2013 stated the patient had EMG/NCS studies of the upper extremities which suggested cervical radiculopathy involving the C6 and C7 nerve roots. The clinical documentation dated 09/03/2013 stated the patient reported increased right neck pain and right upper extremity tingling, numbness, pain and weakness. The physical examination revealed tenderness over facet joints, and upper trapezius muscles; range of motion 75% of normal in flexion, 50% of normal in extension; rotation and lateral bend is 75% bilaterally. It also revealed 5/5 strength at major muscle groups bilaterally with exception of trace weakness with elbow extension and arm abduction on the right upper extremity; reflexes 2/4 at elbows and wrists bilaterally. The right shoulder showed 10-25% decreased range of motion in all planes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic epidural steroid injection right C7-T1: 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 Epidural steroid injections (ESIs), Page(s): 46-47.

**Decision rationale:** The Physician Reviewer's decision rationale: The clinical documentation does not meet the guideline recommendations. The clinical documentation submitted for review states the patient complained of pain to the right neck and right upper extremity pain and subsequently underwent right subacromial decompression. The patient continued to complain of pain to the neck with radiation to the right upper extremity with weakness, tingling, numbness and pain. CA MTUS guidelines recommend epidural steroid injections for radiculopathy. The guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There were no recent imaging studies submitted for review. Also, the documentation submitted for review did not show objective findings of the efficacy of medication, functional deficits or other conservative treatments the patient may have undergone. As such, the request is non-certified.