

<b>Case Number:</b>	CM13-0034643		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/18/2010
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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:

50 year old male with injury from 6/18/10. A 7/23/13 report by [REDACTED] lists assessments of cervical spondylotic radiculopathy, left sided; suboccipital headaches. The patient presents with 3 yr history of neck and left-sided trapezial, triceps/biceps, dorsal forearm pain as well as suboccipital headaches. Numbness involves ulnar 3 digits and weakness of the left arm. There is night pain, notices changes in fine motor function in dexterity of his hands. Treatment has included medications, Physical therapy, 2 epidural steroid injections (ESI's). The first ESI provided 70% relief, and the second did not help. MRI of C spine from 8/7/13 degeneration of the spine, moderate canal narrowing with bilateral foraminal narrowing at C5-6, and milder but similar findings at other levels. Per 8/27 report, there is a request for C-ESI. This request was denied by UR letter from 9/11/13 stating that ESI is not supported as the radiographic workup did not reveal stenosis at the desired level of treatment, and the second ESI did not provide much relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection for the left cervical C7-T1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs, Criteria for use of Epidural steroid injections. Page(.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs  
Page(s): 46-47.

**Decision rationale:** The Physician Reviewer's decision rationale: This patient presents with chronic neck and radicular symptoms into left arm extending to the last 3 digits. The patient's MRI showed central and bilateral foraminal stenosis most marked at C5-6 but also at C4-5. The treater has asked for a repeat (3rd) ESI. He reports that the first injection helped 70%, but the second did not help. The duration of relief is not reported. Examination findings appear to support radiculopathy, although non-specific in terms of the level. Review of the additional reports show that the patient was evaluated by an AME on 10/18/11. This report describes the patient having received 2 ESIs. It states, "Two epidural steroid injections were performed. The first helped to a minor degree. The second was not helpful. [REDACTED] then recommended surgery." It does not appear that the patient's response to the prior two injections provided enough improvement to meet the MTUS guidelines threshold for repeating the injection. MTUS requires 50% reduction of pain lasting 6-8 weeks. While the treater's current recollection is that the patient has had 70% reduction of pain, this is not verified by the reports that were closer to the date of prior injections. Recommendation is for denial.