

<b>Case Number:</b>	CM13-0043538		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	06/01/1998
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology and Pain Management and is licensed to practice in Florida. 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 expert 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 46 year-old male who reported an injury on 06/01/1998. The mechanism of injury was not stated. The patient is currently diagnosed as status post excision of mass in the left hand, status post right carpal tunnel release, status post right shoulder subacromial decompression, C5-6 severe degenerative disc disease with stenosis, thoracic outlet syndrome, bilateral carpal tunnel syndrome, T8-9 central disc protrusion, bilateral cervical radiculopathy, and status post left carpal tunnel release. The patient was recently seen by [REDACTED] on 09/17/2013. The patient reported ongoing neck pain with radiation to bilateral upper extremities. Physical examination of the cervical spine revealed tenderness to palpation, limited range of motion, 5/5 motor strength in the bilateral upper extremities, 2+ deep tendon reflexes, and positive compression testing. Treatment recommendations at that time included a cervical epidural steroid injection at C5-6. It is also noted that the patient underwent an MRI of the cervical spine on 03/03/2011, which indicated disc protrusion with osteophyte formation and moderate bilateral foraminal stenosis with facet arthropathy at C5-6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EPIDURAL STEROID INJECTION AT C5-C6 LEVEL:** 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 Page(s): 46.

**Decision rationale:** Per the documentation submitted, the patient's physical examination revealed 5/5 motor strength in bilateral upper extremities with 2+ deep tendon reflexes. The patient also demonstrated intact sensation in bilateral upper extremities. Therefore, there is no evidence of cervical radiculopathy upon physical examination. There is also no mention of exhaustion of conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.