

<b>Case Number:</b>	CM13-0048331		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	08/20/2008
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 claimant is a 61-year-old female who was injured in a work related accident on August 20, 2008. The medical records for review pertaining to the claimant's cervical spine include a December 31, 2013 progress report that documented the claimant had continued complaints of neck pain with radiating upper extremity complaints. Objectively there was noted to be 5-/5 strength of the left triceps and left grip strength with diminished sensation in the C7-T1 dermatomal distribution. Electrodiagnostic studies were reviewed dated November 15, 2013 that showed evidence of a left C7-T1 cervical radiculopathy. It was also noted that the claimant had previous epidural steroid injections performed in 2011 at the C7-T1 level that provided greater than 50 percent improvement. This is a request for a repeat injection.

### 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 C7-T1: Overturned**

**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:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, repeat epidural steroid injection would be warranted. This individual saw an appropriate amount of relief from the previous injection at the C7-T1 level performed greater than two years ago. The current documentation included positive electrodiagnostic studies for radiculopathy at the C7-T1 level and positive exam findings consistent with the C7-T1 level in a radicular fashion. Based upon the documentation on electrodiagnostic studies, the claimant's subjective complaints and findings on examination, the request for an epidural steroid injection at the C7-T1 level is recommended as medically necessary.