

<b>Case Number:</b>	CM13-0050969		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Ohio 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 56-year-old female who reported an injury on 07/30/2012. The mechanism of injury was stated to be repetitive motion. The patient was noted to have a positive Spurling's on the left side. The cervical compression test was positive on the left side. Muscle strength was 5/5 in the C5 nerve roots on the left side. Muscle strength was 4/5 in the C6, C7, C8 nerve roots on the left side. The patient was noted to have decreased sensation in the C7 and C8 nerve distributions on the left side. Sensation was noted to be normal in the C5 and C6 nerve distributions on the left side. The patient was noted to have an EMG and nerve conduction study on 05/21/2013 per supplied documentation dated 06/05/2013 which revealed the patient had no evidence of active cervical radiculopathy in the left upper extremity. The patient's diagnosis was noted to be left upper extremity radicular pain. The request was made for a left C4-5 epidural steroid injection and followup visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A Left C4/5 Epidural Steroid Injection:** 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 Injection Page(s): 46.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The patient was noted to have a positive Spurling's on the left side. The cervical compression test was positive on the left side. Muscle strength was 5/5 in the C5 nerve roots on the left side. Muscle strength was 4/5 in the C6, C7, C8 nerve roots on the left side. The patient was noted to have decreased sensation in the C7 and C8 nerve distributions on the left side. Sensation was noted to be normal in the C5 and C6 nerve distributions on the left side. The patient was noted to have an EMG and nerve conduction study on 05/21/2013 per supplied documentation dated 06/05/2013 which revealed the patient had no evidence of active cervical radiculopathy in the left upper extremity. The patient was noted to have failed activity restrictions, medication management and physical therapy. The patient's physical examination failed to support radiculopathy at the level of the requested ESI with myotomal or dermatomal findings. There was a lack of corroboration with an official read of an EMG and/or MRI studies. Given the above, the request for left C4-5 epidural steroid injection is not medically necessary.

**Follow-Up Visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Office visits.

**Decision rationale:** Official Disability Guidelines indicate the need for an office visit with a healthcare provider is individualized based upon review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As the request for the epidural steroid injection was not medically necessary, the request for an office visit is not medically necessary.