

<b>Case Number:</b>	CM13-0051971		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/20/2008
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Family Practice 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:

The patient is a 61 year old female who reported an injury on 08/20/2008. The patient is diagnosed with mood disorder, carpal tunnel syndrome, entrapment neuropathy in the upper extremity, and cervical radiculopathy. The patient was seen by [REDACTED] on 09/24/2013. The patient reported ongoing neck and left upper extremity pain. Physical examination revealed limited cervical range of motion, spasm, tenderness to palpation, positive Spurling's maneuver, 5/5 motor strength in bilateral upper extremities, and decreased sensation over the left lower extremity. Treatment recommendations included discontinuation of tramadol, an EMG/NCS of the left upper extremity, and authorization for a cervical epidural steroid 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

**Decision rationale:** The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other

rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, the patient has previously undergone cervical epidural steroid injections. However, documentation of a previous procedure with at least 50% pain relief and associated reduction of medication use for 6 to 8 weeks was not provided for review. Additionally, there is no evidence of a recent failure to respond to conservative treatment included exercises, physical methods, NSAIDs, and muscle relaxants. It was noted on the requesting date of 09/24/2013 the patient reported good relief with cervical epidural steroid injections; however, the injections caused swelling in the patient's back. Based on the clinical information received and the California MTUS Guidelines, the request for Cervical Epidural Steroid Injection is non-certified.