

<b>Case Number:</b>	CM13-0053190		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/03/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 62 year-old female with the date of injury of 08/03/2010. The patient presents with pain in her neck, left worse than right. Her pain radiates to her left upper extremity and left hand with numbness. An MRI shows disc dehydration at C5-6 with a 2mm disc bulge and light subarachnoid space indentation, but the MRI date is not identified. According to [REDACTED]. [REDACTED] report on 06/03/2014, diagnostic impressions are: Cervical degenerative disc disease; Cervical radiculopathy; Left shoulder impingement syndrome; Left shoulder internal derangement; Cervical myofascial pain syndrome; Bilateral carpal tunnel syndrome. [REDACTED]. [REDACTED] requested for a cervical epidural steroid injection (ESI) at left level C5-C6. The utilization review determination being challenged is dated on 10/24/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 10/23/2013 to 07/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT CERVICAL EPIDURAL STEROID INJECTION (ESI) AT LEFT LEVEL C5-C6: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) (MTUS, Criteria for the use of Epidural steroid injections Page(s): 46,47.

**Decision rationale:** The patient presents with pain in her left side of neck, and numbness in her left 3rd, 4th, and 5th fingers. The MTUS Chronic Pain Guidelines states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and recommend an ESI when the injured worker is initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the patient presents with persistent pain and radicular symptoms but MRI only showed a 2mm disc bulge, a normal finding. However, the patient's EMG is positive for C5 radiculopathies and given the lack of evidence that ESI has been tried in the past, the request is medically necessary and appropriate.