

<b>Case Number:</b>	CM13-0058234		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/26/2012
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 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 claimant is a 59-year-old female who was injured in a work related accident on March 26, 2012. The clinical records for review related to the claimant's cervical spine identified an assessment on August 19, 2013 noting that a recent course of physical therapy only offered temporary benefit. Diagnosis was listed as cervical strain with bilateral arm radiculitis. Physical examination demonstrated numbness and tingling to the hand with "increased strength in range of motion". There were noted circumscribed trigger points in the trapezius with positive Spurling's testing and diminished sensation to the left C6 dermatomal distribution. Follow-up evaluation by Pain Management on October 23, 2013 documented physical examination of diminished C5 through C7 left dermatomal distribution with restricted range of motion but no motor deficit. No formal imaging reports were available for review. However, it was documented that a prior 2012 MRI scan showed evidence of C4 through C7 disc bulging with left greater than right foraminal narrowing. Electrodiagnostic studies reviewed from June 12, 2012 showed no evidence of a cervical radicular process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C4-5 Trans-facet 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 injections (ESIs) Page(s): 46.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, bilateral epidural injections to encompass the C4 through C6 levels would not be indicated. Records provided for review do not include imaging in regards to the claimant's cervical spine to determine radiculopathy. There is documentation of normal electrodiagnostic studies to the upper extremities. Chronic Pain Guideline criteria would only recommend the role of epidural injections if there is clear clinical correlation of a radicular process between the physical examination findings as well as imaging and/or electrodiagnostic testing. The absence of the documentation of a radicular process would fail to necessitate the role of the bilateral two level procedure requested.