

<b>Case Number:</b>	CM13-0059235		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/28/2007
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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, and is licensed to practice in Arizona. 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 58-year-old female with date of injury on 9/28/2007. She sustained injuries to the neck and has been diagnosed with C5-6 and C6-C7 spondylosis. MRI showed moderate foraminal narrowing at C-5-6-7. Electromyography (EMG) on 10/10/2013 revealed bilateral carpal tunnel syndrome but no evidence of cervical radiculopathy. The injured worker has complained of severe neck pain that radiates down her arm into the fingers; with the upper arm being more painful. Examinations showed tinell sign over the median and ulnar nerve at the wrist and elbow; it did not show significant weakness in the extremities. The diagnosis was severe nerve root canal narrowing C5-C6, C6-C7 based on the MRI on January of 2012. She had previously undergone a cervical epidural cortisone injection 5 years ago.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EPIDURAL CORTISONE INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS)..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), EPIDURAL STEROID INJECTIONS

**Decision rationale:** The purpose of epidural steroid injection is to reduce pain and inflammation. Radiculopathy must be documented by physical examination and corroborated by imaging studies and / or electrodiagnostic testing. The American Academy of Neurology recently concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long term pain relief. Therefore, there is insufficient evidence to make recommendations for the use of cervical epidural injections. The patient's examination or electromyography (EMG) did not reveal radiculopathy and MRI did not show herniated or extruded disc. Therefore, epidural steroid injection is not necessary for this patient.