

<b>Case Number:</b>	CM13-0063217		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in 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 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 57-year-old female who reported an injury on 07/24/2013. The patient's most recent clinical documentation noted that the patient had chronic neck pain that radiated into the left upper extremity due to working with her head engaged in a flexed position for 40 years. Physical findings included numbness and tingling and decreased sensation in the C7 distribution and motor strength weakness in the left-sided biceps and triceps. The patient underwent an electrodiagnostic study that documented the patient had evidence of left-sided C7 radiculopathy with 70% motor axonal loss. A request was made for an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A CERVICAL EPIDURAL STEROID INJECTION: Upheld**

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule recommends the use of epidural steroid injection for patients who have documented physical findings of radiculopathy corroborated by an MRI or electrodiagnostic study that had been recalcitrant to conservative

measures. The clinical documentation submitted for review does not provide any evidence that the patient has recently had any conservative treatment to include active physical therapy. Additionally, the request as it is written does not specifically identify at what level an epidural steroid injection will be administered. Therefore, the appropriateness of this treatment cannot be determined. As such, the requested cervical epidural steroid injection is not medically necessary or appropriate.