

<b>Case Number:</b>	CM13-0064839		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/23/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 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 injured worker is a 35-year-old female who sustained an unspecified injury on 12/23/2012. The injured worker was evaluated on 11/06/2013 for complaints of neck pain rated 6/10 to 10/10. The documentation indicated the injured worker was taking ibuprofen 800 mg regularly, which provided moderate relief of symptoms. The physical examination noted the injured worker to have 50% to 75% range of motion, tenderness to palpation at the midline of the cervical spine, paraspinal muscles, and right trapezius muscles, and sensation was slightly diminished at the ring finger and small fingers. The injured worker was noted to have a positive Spurling's on the right, negative Hoffman's bilaterally, negative Phalen's, and negative Tinel's. The injured worker's motor strength was noted 5/5 of the bilateral upper extremities, and the deep tendon reflexes were 1 to 2+ and symmetrical at biceps, triceps, brachioradialis, and ankles and knees. The treatment plan indicated for the injured worker to continue isometric exercises and the request for transforaminal injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT THERAPEUTIC/STEROID TRANSFORAMINAL EPIDURAL AT C6-7, 1-2 SETS:** 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:** The request for right therapeutic/steroid transforaminal epidural at C6-7, 1 to 2 sets, is non-certified. The California MTUS Guidelines recommend the use of epidural steroid injections for patients as an adjunct to a more active treatment program. The documentation indicated the injured worker was participating in isometric exercises. However, guidelines recommend epidural steroid injections for injured workers with physical examination findings of radiculopathy that is corroborated by imaging studies. The injured worker did not have documented findings of radiculopathy. Her motor strength was noted as 5/5 in bilateral upper extremities, deep tendon reflexes were equal bilaterally. The injured worker's sensation was diminished at the ring and small fingers. Therefore, the C6-7 dermatomal pattern was indicated. Given the information submitted for review, the request for right therapeutic/steroid transforaminal epidural at C6-7, 1 to 2 sets, is not medically necessary and appropriate.