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| <b>Case Number:</b>   | CM13-0066285 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 07/11/2010 |
| <b>Decision Date:</b> | 06/27/2014   | <b>UR Denial Date:</b>       | 11/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/16/2013 |

### 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 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 injured worker is a 51 year old female that reported an injury on 07/11/2010, mechanism of injury was not provided. Upon exam on 12/02/2013 there are complaints of neck pain extending down to wrists without tingling and numbness. Pain level was 10/10 without medication and 7/10 with medication. The patient had a history of rotator cuff repair on 08/22/2011. She had been on Effexor, Klonopin, Norco and Suboxone. The patient had an MRI on 04/23/2012 that revealed moderate to severe spinal stenosis C6-C7, mild to moderate spinal canal stenosis C5-C6 with moderate bilateral neural foraminal stenosis, degenerative disc desiccation C5-6, C6-7 with moderate to severe right side neural foraminal stenosis C4-5. Current diagnosis is cervical radiculopathy, cervical spinal stenosis, central and foraminal and status post right shoulder surgery. There was no evidence provided as to physical therapy and conservative care. The current treatment plan is to have cervical epidural steroid injections and pending neck surgery. On review of previous note on 08/13/2013 there was mention of "allergy to cortisone". The patient reported being unable to do home exercises. She complained of weakness while pushing, pulling, lifting and carrying. Exam showed shoulder flexion at 90 degrees, lateral flexion at 45 degrees on right arm. Motor exam on her right arm showed deltoid 4/5, triceps 5/5 and bicep 5/5. The request for authorization form and rationale was not signed or dated by physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT C5-C6 CATHETER CESI W/ FLUOROSCOPY AND MODERATE SEDATION:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid injections Page(s): 46.

**Decision rationale:** The California MTUS guidelines recommend epidural steroid injections for injured workers with radiculopathy documented on physical exam and corroborated on MRI. In this case, the MRI which was done on 04/23/2013; results showed revealed moderate to severe spinal stenosis C6-C7, mild to moderate spinal canal stenosis C5-C6 with moderate bilateral neural foraminal stenosis, degenerative disc desiccation C5-6, C6-7 with moderate to severe right side neural foraminal stenosis C4-5. Current diagnosis is cervical radiculopathy cervical spinal stenosis, central and foraminal and status post right shoulder surgery. The California MTUS guidelines recommend that epidural steroid injections offer short term pain relief and should be in conjunction with other rehab including home exercise program. There is no evidence of home exercise program or physical therapy documented. The employee mentioned on 08/13/2013 an "allergy to cortisone". In addition, there is a lack of a rationale to support the use of sedation for the proposed injection. Therefore, the request for a right C5-C6 catheter cervical epidural injection with fluroscopy and moderate sedation is not medically necessary and appropriate.