

<b>Case Number:</b>	CM13-0068607		
<b>Date Assigned:</b>	02/11/2014	<b>Date of Injury:</b>	05/22/2010
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Pain Management 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:

This is a patient with a date of injury of 5/22/10. A utilization review determination dated 12/4/13 recommends non-certification of cervical ESI. 10/31/13 medical report identifies left shoulder and neck pain radiating to the head, elbow, arm, hand, and fingers with clicking, tingling, popping, grinding, stiffness, weakness, numbness, and tenderness. On exam, there is left shoulder limited ROM, cervical spine paraspinal tenderness, muscle spasm, limited ROM, Spurling positive for left neck pain radiating to the left trapezius and left parascapular muscles. MRI from 8/8/11 is said to demonstrate moderate to severe bilateral foraminal stenosis at C4-5, C5-6 severe bilateral foraminal stenosis, and C6-7 moderate right and mild left foraminal stenosis. EMG from 6/24/11 is said to demonstrate mild right carpal tunnel syndrome, subacute and progressive bilateral upper extremity C7 radiculopathy, and axonal neuropathy ulnar nerve left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical transforaminal epidural steroid injection, bilateral, C4-C7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** Regarding the request for cervical transforaminal epidural steroid injection, bilateral, C4-C7, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy on physical exam and imaging studies and/or electrodiagnostic testing. They also note that no more than two nerve root levels should be injected using transforaminal blocks. Within the documentation available for review, there is no clear indication of pain in a dermatomal distribution and physical exam findings do not corroborate radiculopathy despite the findings noted on imaging and electrodiagnostic studies from 2011. Furthermore, the current request exceeds the recommendations for no more than two nerve root levels injected using transforaminal blocks and, unfortunately, there is no provision for modification of the request. In light of the above issues, the currently requested cervical transforaminal epidural steroid injection, bilateral, C4-C7 is not medically necessary.