

<b>Case Number:</b>	CM14-0012824		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Occupational Medicine, 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 patient is a 56-year-old female who has submitted a claim for cervicgia with bilateral upper extremity C6-C7 radiculopathy, and carpal tunnel syndrome associated with an industrial injury date of July 16, 2012. Medical records from 2012-2013 were reviewed. The patient complained of neck pain. The pain radiates down to both arms with associated numbness and tingling on both hands, more on the right than the left. Physical examination showed limited range of motion of the cervical spine. Motor and sensation was intact. MRI of the cervical spine, dated October 4, 2012, revealed C4-C5 grade 1 anterolisthesis with right greater than left uncovertebral arthropathy, narrowing the neural foramina; C5-C6 broad shallow protrusion moderately indenting the thecal sac, uncovertebral arthropathy narrows the left neural foramen; and C6-C7, another broad disc protrusion indents the thecal sac and nearly abuts the spinal cord, and uncovertebral arthropathy narrowing the left neural foramen. EMG (electromyography)/NCS (nerve conduction velocity) dated September 6, 2012 showed bilateral carpal tunnel syndrome and bilateral C7 radiculopathy. Treatment to date has included medications, physical therapy, chiropractic therapy, and activity modification. Utilization review, dated January 16, 2014, denied the request for C5-C6 and C6-C7 epidural steroid injection because there was no clear evidence of cervical radiculopathy on physical examination and validated by previous imaging and/or diagnostic studies. An appeal, dated January 2, 2014, reiterated that there was a positive nerve study from September 6, 2012 which demonstrates bilateral carpal tunnel syndrome and bilateral C7 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **C5-C6 and C6-C7 Epidural Steroid Injection (ESI): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESI's).

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, repeat epidural steroid injection should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has persistent neck pain that radiates to both upper extremities. However, the recent progress report failed to show evidence of objective radiculopathy. Although the appeal letter, dated January 2, 2014, reiterated the evidence of radiculopathy on EMG/NCS, physical examination findings of radiculopathy were not present in the patient. Furthermore, there was no evidence that patient was unresponsive to conservative treatment. The guideline criteria have not been met. Moreover, the present request failed to specify the laterality. Therefore, the request for C5-C6 and C6-C7 epidural steroid injections is not medically necessary or appropriate.