

<b>Case Number:</b>	CM14-0013762		
<b>Date Assigned:</b>	02/27/2014	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 44-year-old female who has submitted a claim for brachial neuritis or radiculitis not otherwise specified associated with an industrial injury date of July 14, 2011. Medical records from 2013 were reviewed. The patient complained of neck pain radiating down the right upper extremity to the hand with numbness and tingling. This was accompanied by right shoulder, right elbow, and bilateral wrist pain. Physical examination showed diffuse tenderness and limitation of motion of the cervical spine and right shoulder, elbow, wrist and hand; positive Tinel's sign over the medial and lateral epicondyle of the right elbow; global dysesthesia of the right hand; and decreased bilateral grip strength. Cervical spine MRI done on March 27, 2013 revealed moderate-to-severe C5-6 disc space narrowing associated with a 3.5 mm wide based disc bulge with a high-density zone in its dorsal midline aspect, effacing the thecal sac and abutting upon the spinal cord, but not distorting or displacing it. A triple phase bone scan of the right upper extremity was obtained as well and showed no evidence for reflex sympathetic dystrophy/complex regional pain syndrome. Previous cervical epidural steroid injection at C6-7 was done on July 25, 2012 but did not provide pain relief. The diagnoses were cervical discogenic disease; status post right shoulder arthroscopic decompression and left wrist carpal tunnel syndrome. Treatment plan includes a request for repeat cervical ESI. Treatment to date has included oral analgesics, right shoulder cortisone injections, right shoulder surgery, acupuncture, occupational therapy, chiropractic therapy, cervical ESI, physical therapy, home exercises and massage therapy. Utilization review from January 28, 2014 denied the request for cervical epidural injection midline C6-7 because MRI does not show any nerve root compression or compromise. She has a history of carpal tunnel syndrome and ulnar nerve compression that explain her right upper extremity symptoms rather than radicular pain. Lastly, there was no

documentation of a decrease in pain or functional improvement, including at least 50% pain with associated reduction of medication use for six to eight weeks from the prior injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CERVICAL EPIDURAL INJECTION MIDLINE C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009: Epidural steroid injections (ESIs), page 46 Page(s): 46.

**Decision rationale:** As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks 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. In this case, the patient complained of neck pain radiating down the right upper extremity to the hand with numbness and tingling sensation. However, an MRI of the cervical spine obtained on March 27, 2013 did not show specific nerve root compromise. There was also no objective evidence that right upper extremity symptoms were cervical in origin as provocative tests were not provided in the most recent physical examination. Moreover, it was noted that the patient had received previous cervical ESI but provided no relief. The guideline clearly states that radiculopathy must be supported by physical examination or imaging studies, and repeat blocks be based on continued objective documented pain and functional improvement from prior injections. The guideline criteria were not met. Therefore, the request for CERVICAL EPIDURAL INJECTION MIDLINE C6-7 is not medically necessary.