

<b>Case Number:</b>	CM14-0014139		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/22/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Physical Medicine and Rehabilitation and 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 50 year-old patient sustained an injury on 5/22/13. Request under consideration include Outpatient (TFESI) Right C7-T1 with treating physician. Diagnoses include cervical disc displacement. Report of 9/11/13 from the provider noted the patient with cervical pain with radiation into the upper extremity. Exam showed intact sensation and motor strength in upper and lower extremities. Report of 12/16/13 showed unchanged symptom complaints with exam of tenderness, limited range; however, with intact neurological findings. MRI of cervical spine dated 10/2/13 showed multi-level disc protrusion with canal and foraminal narrowing. EMG/NCV of 10/22/13 noted mild carpal tunnel syndrome without impression for cervical radiculopathy. Report of 6/11/14 noted patient with neck pain slowly improving rated at 4/10 with associated numbness in right lateral hand. Medications list Norco and Neurontin. Exam showed limited cervical range in all planes with intact and equal DTRs and sensory with negative provocative testing of the cervical spine. Treatment included physical therapy. The request for outpatient (TFESI) right C7-T1 with treating physician was not medically necessary on 1/7/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT TRANFORMAINAL EPIDURAL STEROID INJECTION (TFESI)  
RIGHT C7-T1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, and 181.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. EMG/NCV of upper extremities on 10/22/13 has no clear cervical radiculopathy. Submitted reports have not adequately demonstrated any neurological deficits or significant findings of radiculopathy. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in functional status. The outpatient transforaminal epidural steroid injection (TFESI) right C7-T1 is not medically necessary and appropriate.