

<b>Case Number:</b>	CM14-0124008		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/01/2005
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Family 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 60-year-old female who has submitted a claim for cervical pain with right upper extremity symptoms associated with an industrial injury date of February 1, 2005. Medical records from 2014 were reviewed, which showed that the patient complained of neck pain that radiates into the arms with numbness. Physical examination revealed decreased cervical motion, slight trapezial and paracervical tenderness, positive Spurling's test, slight thumb carpometacarpal tenderness on left, and diminished grip and pinch strength. A progress note on 7/2/14 revealed progressive neurologic deficit of the right upper extremity with depressed motor strength of 4/5 on the right deltoid, right biceps, and right wrist extensors, and diminished sensation over the right C5-C7 dermatomal distributions. Treatment to date has included bilateral carpal tunnel release, physical therapy, acupuncture and medications. Utilization review from July 24, 2014 denied the request for Cervical Epidural steroid injection because previously certified upper extremities electrodiagnostic studies and reports of any diagnostic imaging were not provided in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to page 46 of the CA MTUS 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 this case, the patient presented with neck pain that radiates into the arms with numbness. Pertinent objective findings include progressive neurologic deficit of the right upper extremity with depressed motor strength of 4/5 on the right deltoid, right biceps, and right wrist extensors, and diminished sensation over the right C5-C7 dermatomal distributions. There is evidence of cervical radiculopathy on physical examination. However, there was no provided documentation that imaging and/or electrodiagnostic testing confirmed the presence of a radiculopathy. Moreover, there was no adequate documentation that the patient had been unresponsive to conservative treatment. The criteria for ESI were not satisfied. Furthermore, the level at which ESI will be performed was not included in the request. Therefore, the request for Cervical Epidural steroid injection is not medically necessary.