

<b>Case Number:</b>	CM14-0020153		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	11/26/2010
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 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 an employee of [REDACTED] and has submitted a claim for neck pain associated with an industrial injury date of November 26, 2010. Treatment to date has included medications and two epidural steroid injections (dates of service unknown), which were reported to help the patient with her discomfort. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of constant neck pain with numbness of the right shoulder, arm, and hand accompanied by constant ache and frequent muscle spasms radiating to bilateral shoulders, arms, and interscapular region, rated 5-9/10. The patient also reported pain relief with medications. On physical examination, there was tenderness along the midline lower lumbar and thoracic spine. She ambulated without assistance. Cervical spine examination revealed tenderness along the paraspinals accompanied by limited range of motion in all planes. Spurling's sign was positive. An EMG/NCS of the upper extremities dated March 7, 2014 revealed findings consistent with left C6 radiculopathy and bilateral carpal tunnel syndrome. An MRI of the cervical spine dated April 14, 2014 showed C5-6 and C6-7 minimal disc bulging without significant canal or neuroforaminal compromise. Utilization review from February 4, 2014 denied the request for cervical epidural steroid injection because the clinical information provided did not meet preliminary guidelines.

### 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:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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; and initially unresponsive to conservative treatment. In this case, a request for cervical epidural steroid injection was made to manage radiculopathy symptoms. History and physical examination findings as well as electrodiagnostic testing revealed findings of radiculopathy. However, there was no discussion regarding failure of conservative management. Furthermore, the present request failed to indicate the nerve root levels to be injected. The request is incomplete; therefore, the request for CERVICAL EPIDURAL STEROID INJECTION is not medically necessary.