

<b>Case Number:</b>	CM14-0040175		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/22/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2014

### 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 Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 58-year-old male who reported an injury on 02/22/2008. The mechanism of injury was not provided. A CT myelogram of the cervical spine dated 10/22/2013 noted C7-T1 central disc protrusion and spinal canal and foramina were clear. On 02/21/2014, the injured worker presented with complaints of right hand/wrist pain with numbness and tingling, left hand wrist/thumb pain with numbness and tingling, right elbow pain, and neck pain. Upon examination, the cervical spine had spasm and guarding with painful range of motion and tenderness to the paraspinal musculature. The diagnoses were carpal tunnel syndrome, sprain/strain of the neck, cervical radiculopathy, cervical stenosis, and cervical disc protrusion. Prior therapy included medications. The provider recommended an epidural steroid injection from C7-T1 interlaminar with catheter; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection C7-T1 Interlaminar With Catheter:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 46.

**Decision rationale:** The request for epidural steroid injection C7-T1 interlaminar with catheter is not medically necessary. According to California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review stated that the injured worker had muscle guarding and spasm to the cervical spine with painful range of motion and tenderness over the paraspinal musculature. The CT myelogram of the cervical spine noted mild central disc protrusion and spinal canal and foramina were clear at the C7-T1 levels. More information is needed on sensory and motor strength deficits. There is a lack of evidence of the results of a Spurling's test. There is a lack of documentation of physical exam findings of radiculopathy correlating with imaging studies. The documentation failed to show that the injured worker would be participating in an active treatment program following the requested injection. There was a lack of documentation that the injured worker had failed a prior course of conservative treatment, the request failed to specify the use of fluoroscopy for guidance in the request as submitted therefore, this request is not medically necessary.