

<b>Case Number:</b>	CM14-0051538		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 47-year-old female was reportedly injured on December 20, 2012. The mechanism of injury is noted as trying to sit down on a chair. The most recent progress note, dated March 5, 2014, indicates that there are ongoing complaints of neck pain, back pain, wrist pain, and hand pain. The physical examination demonstrated a positive Spurling's test and decreased sensation to light touch in the right hand. Strength testing revealed weakness of right wrist grip strength. There was tenderness of the cervical spine paraspinal musculature, upper trapezius, and scapular borders. There was a positive Tinel's sign of the right wrist. Diagnostic nerve conduction studies dated April 17, 2013, revealed evidence of a bilateral median nerve neuropathy at the wrist. An MRI of the cervical spine dated June 24, 2013 noted a fusion of the vertebral bodies at C2 - C3. Previous treatment includes physical therapy, home exercise, and oral medications. There is also a history of a right-sided carpal tunnel release. A request had been made for an epidural steroid injection at C7 - T-1 and was not certified in the pre-authorization process on March 21, 2014.

### 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 level:** 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 Page(s): 46.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the progress note dated March 5, 2014, there are findings of decreased sensation at the right hand although it is not stated where. It is not clear these findings are due to persistent carpal tunnel syndrome or of cervical etiology. Additionally, the MRI of the cervical spine does not show any nerve root compression. Considering this, the request for a cervical spine epidural steroid injection at C7 - T-1 is not medically necessary.