

<b>Case Number:</b>	CM14-0061479		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Tennessee. 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 56-year-old male who has submitted a claim for brachial neuritis associated with an industrial injury date of June 1, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of right shoulder pain with clicking and popping. This was accompanied by tingling and numbness in both hands. Physical examination showed loss of cervical lordosis; tenderness over the posterior cervical spine; subscapular spasms; tenderness over the base of the occiput; limitation of motion of the cervical spine; focal tenderness over the anterior aspect of the right shoulder with clicking and popping on active shoulder motion over the supraspinatus tendon; tenderness over the cubital tunnels; positive Tinel, Phalen, and Durkin signs; and bilaterally positive cubital tunnel provocative testing. The diagnoses were cervical discogenic pain; disk desiccation at C3-C4, C4-C5, C5-C6, and C6-C7; cervical spine status post infusion; chronic cervical spine pain; bilateral carpal tunnel syndrome with ulnar neuritis; right shoulder tendinopathy; and post injury depression. Treatment plan includes a request for a cervical epidural steroid injection (ESI). Treatment to date has included oral and topical analgesics, acupuncture, home exercise program, physical therapy, splinting, carpal tunnel injections, left cubital tunnel injections, and neck surgery. Utilization review from April 10, 2014 denied the request for cervical epidural steroid injection at C7-T1. The records do not document symptoms, neurological exam findings, or diagnostic data to support radiculopathy at a particular nerve root level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection at C7-T1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state criteria for the use of epidural steroid injections should include documented radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing that is initially unresponsive to conservative treatment. In this case, there was no evidence of radiculopathy based on the most recent physical examination. Imaging of the cervical spine and electrodiagnostic studies of the upper extremities were also not noted on the medical records submitted. The guideline requires objective evidence of radiculopathy corroborated by imaging and electrodiagnostic studies. Moreover, there was no evidence of failure of conservative treatment to manage pain. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guidelines. As such, the request is not medically necessary.