

<b>Case Number:</b>	CM14-0068353		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/15/2000
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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:

Patient is a 52-year-old female who has submitted a claim for cervical disc disease, cervical radiculopathy, right shoulder internal derangement, medial epicondylitis, status post right elbow surgery, and status post bilateral wrist carpal tunnel surgery associated with an industrial injury date of 6/15/2000. Medical records from 2008 - 2014 were reviewed. Patient complained of neck pain, rated 8/10 in severity, radiating to the right upper extremity associated with numbness and tingling sensation. Patient reported that previous cervical epidural steroid injection provided her 50 to 60% symptomatic relief for approximately 5 weeks. Physical exam of the cervical spine showed tenderness, spasm, decreased lordosis, restricted range of motion, positive axial head compression test, and positive Spurling sign. Right shoulder impingement test was positive. Range of motion of the right shoulder was restricted on all planes. Motor strength of bilateral shoulder abductors and right elbow flexors was graded 4/5. Hyporeflexia of the left biceps and right brachioradialis was noted. Sensation was diminished along the right C6 and left C5 dermatomes. MRI of the cervical spine, dated 8/22/2012, revealed mild narrowing of both neural foramina at C3 to C4; 2 mm left paracentral posterior osteophyte complex at C4 to C5 level indenting the anterior aspect of the thecal sac with mild narrowing of the left neural foramina; and mild narrowing of the right neural foramina at C5 to C6 level. Treatment to date has included cervical epidural steroid injection at left C4 to C5 and right C5 to C6-7 on 2/17/2014, physical therapy, chiropractic care, home exercise program, and medications. Utilization review from 5/1/2014 denied the request for cervical spine epidural steroid injection because previous epidural steroid injection only provided symptomatic relief for only 3 weeks; hence, guideline criteria were not met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Cervical Spine Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Epidural Steroid Injection Page(s): 46.

**Decision rationale:** As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, patient complained of neck pain radiating to the right upper extremity associated with numbness and tingling sensation. Physical exam of the cervical spine showed positive axial head compression test and Spurling sign. Motor strength of bilateral shoulder abductors and right elbow flexors was graded 4/5. Hyporeflexia of the left biceps and right brachioradialis was noted. Sensation was diminished along the right C6 and left C5 dermatomes. Clinical manifestations are consistent with radiculopathy. However, MRI of the cervical spine, dated 8/22/2012, only revealed mild narrowing of both neural foramina at C3 to C4, mild narrowing of the left neural foramina at C4-C5, and mild narrowing of the right neural foramina at C5 to C6 level. Furthermore, patient underwent epidural steroid injection at left C4 to C5 and right C5 to C6-7 on 2/17/2014, providing her 50 to 60% symptomatic relief for approximately 5 weeks. Guidelines state that repeat blocks should be performed when previous ESI resulted to 6 to 8 weeks of symptom improvement. Guideline criteria were not met. Moreover, the request failed to specify intended levels for injection. The request is incomplete; therefore, the request for one cervical spine epidural steroid injection is not medically necessary.