

<b>Case Number:</b>	CM14-0084584		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/07/2001
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 and Rehabilitation 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 a 62 year old female with date of injury 8/7/01 with no specific mechanism of injury reported. Available for review is a Primary Treating Physician's Progress Report authored by the PM&R specialist. The report states that the patient presents with neck pain with radiation of pain into the left upper arm that is worsening. Pain level with medication is rated 8/10 and on her best day the pain is rated a 4-6/10. The patient is status post-surgical fusion C3/4 with MRI findings from September 2012 revealing C5/6 paracentral disk osteophyte complex. EMG report from December 2008 is positive for moderate bilateral carpal tunnel, left cubital tunnel syndrome and left C5/6 radiculopathy. The current diagnoses are: Cervical fusion C3/4, Cervical IVD C5/6 and Left C5/6 radiculopathy. There is a utilization review report dated 5/28/14 that denied the request for left C5/6 transforaminal epidural steroid injection based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C5-C6 Transforaminal Epidural Steroid Injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment

Guidelines Epidural steroid injections (ESIs), pages 46, 47.

**Decision rationale:** The patient presents with chronic cervical pain with radiation of pain into the left upper extremity. The current request is for Left C5-C6 Transforaminal Epidural Steroid Injection (ESI). There are specific criteria that must be met to meet the MTUS guidelines for recommendation for ESI. The Physical Medicine and Rehabilitation (PM&R), report dated 5/7/14 documents that the patient has complaints of radicular pain affecting the left arm, there is positive Spurling's test causing pain into the left upper extremity, there is documentation of positive EMG/NCV test for left C5/6 radiculopathy and there is positive MRI findings. In regards to prior ESIs performed the treating physician states that it has been many, many years since prior injection and the patient does not remember who performed the injection. The MTUS guidelines recommend ESI for the treatment of radicular pain with documentation of radiculopathy. The PM&R physician in this case has recommended a cervical ESI and has documented radiculopathy. Therefore, the request is not medically necessary.