

<b>Case Number:</b>	CM14-0085728		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/01/2005
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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, 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 injured worker is a 22-year-old female who reported an injury on 04/01/2005, due to an unspecified mechanism of injury. On 04/21/2014, she reported that her carpal tunnel symptoms were worse, and increased radicular symptoms. It was noted that cervical epidural steroid injections had improved her radicular symptoms in the past. She also reported having hand paresthesias and dropping items. A physical examination revealed no atrophy, erythema, deformity, or swelling. There was tenderness to palpation noted in the elbow and forearm; there was no tenderness to palpation noted in the elbow, forearm, wrist, or hand. There was bilateral normal full range of motion without pain noted in the wrist and hand, and Tinel's test was negative bilaterally. She was diagnosed with carpal tunnel syndrome. Her medications included Cymbalta, ibuprofen, Flexeril, and gabapentin. It was noted that electrodiagnostic studies performed in 2010 showed moderate right carpal tunnel syndrome and mild left carpal tunnel syndrome with mild bilateral C7 radiculopathies. Past treatments included epidural steroid injections and medications. The treatment plan was for a cervical epidural injection at the C5-T2. The Request for Authorization form and rationale for treatment were not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Injection C5-T2: Upheld**

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

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

**Decision rationale:** The clinical documentation provided for review showed that the injured worker had no tenderness, normal full range of motion bilaterally, and a negative Tinel's. The California MTUS Guidelines state that criteria for the use of epidural steroid injections includes radiculopathy being documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, the injured worker had to have been initially unresponsive to conservative treatment, and injections should be performed using fluoroscopy for guidance. 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 6 to 8 weeks. Based on the clinical information submitted for review, the injured worker does not meet the criteria for which an epidural steroid injection would be supported. There was a lack of documentation regarding clinical signs of radiculopathy and imaging studies to support a diagnosis of radiculopathy. There was also a lack of documentation regarding the failure of conservative treatment, including exercises, physical methods, NSAIDs, and muscle relaxants to indicate the need for an epidural steroid injection. In addition, it was not stated if the injection would be performed using fluoroscopic guidance. Furthermore, it was stated within the clinical that the injured worker had received epidural steroid injections previously. There was no documentation regarding how many injections she had received and objective functional improvement with those sessions that was associated with a reduction of medication use for at least 6 to 8 weeks. In the absence of this information, the request would not be supported by the evidence-based guidelines. As such, the request for Cervical Epidural Injection At The C5-T2 is not medically necessary.