

<b>Case Number:</b>	CM13-0006209		
<b>Date Assigned:</b>	08/26/2013	<b>Date of Injury:</b>	11/17/2005
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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 Medicine and is licensed to practice in Texas. 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 63 year old female who was injured on 11/17/2005. The diagnoses are cervical stenosis, cervicgia, carpal tunnel syndrome, bilateral shoulders and neck pain. The 2012 MRI of the cervical spine showed multilevel disc protrusions, mild central canal stenosis, calcifications of the anterior longitudinal ligament and block ossification of the C3-C7 cervical spines. The EMG/NCV of the upper extremities dated 5/22/2013 showed bilateral carpal tunnel syndrome. The patient completed PT and medication management. On 6/10/2013, [REDACTED] subjective complaint of neck and shoulders pain associated with bilateral hands numbness. There was objective finding of decreased range of motion of the neck and shoulders, positive Tinel's test and tenderness to palpation of the paraspinal areas of the cervical and thoracic spines. The last progress noted before the non certification was dated 6/17/2013. [REDACTED] noted subjective complaint of daily headache and weakness of hand grips. There were objective findings of decreased sensation along the left C6 and right C7 /C8 dermatomes. The Tramadol medication was noted to be effective in pain control. There was no quantitative data on the pain scores. The medications listed are Elavil, Tramadol and Voltaren gel. The use of Naprosyn was associated with dyspepsia. A Utilization Review was rendered on 7/8/2013 recommending non certification for left C3-C4 and C4-C5 transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### LEFT C3-4 AND C4-5 TRANSFORAMINAL EPIDURAL STEROID INJECTION:

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM - <https://acoempracguides.org/> Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders. Official Disability Guidelines; Work Loss Data institute , LLC; Corpus Christi, TX; www.odg-twc; Section: Neck and Upper Back

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.1 Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that cervical epidural steroid injections can be utilized for the treatment of severe cervical radiculopathy when conservative treatments with medications and PT have failed. The records did not show objective, radiographic or EMG/NCV studies consistent with cervical radiculopathy. The records indicated that the pain was well controlled with medications management. The objective findings was preponderance of decreased sensation over the right cervical dermatomes but the requested cervical epidural injections is for the left side. The criteria for left C3-C4, C4-C5 transforaminal epidural steroid injections were not met.