

<b>Case Number:</b>	CM13-0020004		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	04/16/2010
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 60-year-old female presenting with a work-related injury on April 16, 2010. Patient was diagnosed with cervical radiculopathy, but carpal tunnel syndrome, and left De Quervain's tenosynovitis. The patient is status post right carpal tunnel decompression, left De Quervain's release, left carpal tunnel decompression. On May 27, 2014 patient complained of frequent moderate dull aching pain in the left wrist which radiates all five digits with numbness, tingling and weakness. The claimant complained of intermittent mild to moderate dull and achy right wrist pain which radiates all five digits with tingling. The physical exam was significant for left wrist with decreased and painful range of motion, tenderness over the volar wrist, positive Tinel's test, Phalen's test and prayer sign. Examination of the right wrist revealed decreased and painful range of motion, tenderness over the volar wrist, positive Tinel's test and Phalen's test. On June 16, 2014 the claimant complained of constant severe pain in the cervical spine and left hand. The physical exam revealed decreased range of motion of the cervical spine. The provider recommended medications and cervical epidural steroid injections at C6-C7.

### 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 bilateral C3-C7:** 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 Epidural Steroid Injections Page(s): 47.

**Decision rationale:** The California MTUS guidelines page 47 states that "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase, 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The history and physical exam was not consistent with cervical radicular pain. Additionally, there is lack of a cervical MRI as well as Electromyogram (EMG)/Nerve Conduction Velocity (NCV) corroborating radiculitis to be treated with an epidural steroid injection. Finally, there is lack of documentation of failed physical therapy; therefore, the requested procedure is not medically necessary.