

<b>Case Number:</b>	CM14-0201951		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 35 year old female with a history of neck pain radiating down the right upper extremity. Her date of injury is 4/13/2010 and 11/8/2010. The 4/13/2010 injury resulted from turning the steering wheel of a catering truck that had lost the power steering. She injured her neck, upper back, and right wrist. The reported injury of 11/8/2010 resulted from an out-of-control child bumping her shoulder repeatedly as he tried to exit a door by pushing his way through. Per progress note of 10/22/2014 she was status post right shoulder arthroscopic decompression. She complained of occasional tingling and numbness in the right thumb and index finger. And she had undergone a prior carpal tunnel release on 11/17/2010. She had no symptoms of myelopathy. Examination of the cervical spine revealed no deformity. There was tenderness to palpation. She had mild pain with range of motion of the cervical spine. Upper extremity muscle strength was normal. Upper extremity sensation was decreased in C5 and C6 dermatomes but was otherwise normal. The MRI scan of the cervical spine was reviewed and showed a small disc bulge at C5-6 that was mostly right sided. Mild degenerative disc disease was noted at multiple levels. An epidural steroid injection was recommended at C5-C6 on the right. Prior office notes dated March 17, 2014 document a history of right carpal tunnel syndrome with surgical release on 11/17/2010. An EMG study of 7/7/2010 revealed a mild right carpal tunnel syndrome. An EMG study dated 9/15/2010 revealed a mild left carpal tunnel syndrome. A repeat EMG/nerve conduction study of the right upper extremity dated 11/8/2011 revealed mild to moderate right carpal tunnel syndrome. A request for a cervical epidural steroid injection at C5-6 on the right was noncertified by utilization review using MTUS guidelines. In the opinion of the reviewer, radiculopathy was not documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the MRI of the neck noted a mild degree of central canal narrowing and no indication of nerve impingement.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical Epidural Injection (Right C5-6): Upheld**

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

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

**Decision rationale:** Chronic pain medical treatment guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The criteria include evidence of radiculopathy documented by the physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation indicates the presence of carpal tunnel syndrome in the right hand status post carpal tunnel release with some mild residual numbness in that distribution. No objective neurologic deficit is documented. Electrodiagnostic studies in the past showed evidence of mild to moderate carpal tunnel syndrome but there was no evidence of radiculopathy noted at any time. The imaging studies did not show any evidence of nerve root compression corroborating the distribution of the hypesthesia. Based upon the above, the guideline criteria have not been met and as such, the request for an epidural steroid injection at C5-6 on the right is not supported and the medical necessity of the request is not substantiated.