

<b>Case Number:</b>	CM14-0075016		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 40-year-old female with a 5/3/10 date of injury, due to continue trauma while working as a packer and machine operator. The patient underwent a right carpal tunnel release on 4/1/13. The patient was seen on 11/19/13 with complaints of 4-5/10 pain in the left knee, bilateral shoulders, and bilateral wrist. The progress note stated that the patient had a severe shortness of breath and rash after a corticosteroid injection. Exam findings of the right wrist and hand revealed no signs of CRPS, minimally decreased range of motion in all planes, intact sensation, 5/5 muscle strength and 4+/5 grip strength. The examination of the left wrist revealed positive Tinel's, Phalen's and carpal compression signs, no evidence of CRPS and 5-/5 strength. The flexion was 55 degrees, extension was 70 degrees, radial deviation was 20 degrees and ulnar deviation was 40 degrees. The diagnosis is cervical spine multilevel disc herniations and stenosis with radiculopathy, status post right carpal tunnel release and low back pain. MRI of the cervical spine dated 3/18/13 (the report was not available for the review) revealed: disc degeneration and protrusion with mild to moderate canal stenosis at the C3-C4, C4-C5 and C5-C6; fairly significant disc protrusion at the C4-C5 level centrally and foraminally. Treatment to date: right carpal tunnel release, work restrictions, HEP, chiropractic treatment, wrist and knee splint and medications. An adverse determination was received on 5/7/14 for a lack of clear clinical and imaging findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical ESI, catheter placement C7-T1 targeting C4-5, C5-6: 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): 46.

**Decision rationale:** CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. However, there is a lack of documentation indicating objective findings of radiculopathy. In addition, the MRI report of the cervical spine was not available for the review. Lastly, the progress notes indicated that the patient had an allergic reaction after previous steroid injection. Therefore, the request for Cervical ESI, catheter placement C7-T1 targeting C4-5, C5-6 is not medically necessary.