

<b>Case Number:</b>	CM15-0148657		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	01/25/2014
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker was a 52 year old female, who sustained an industrial injury, January 25, 2014. The injured worker previously received the following treatments EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities which showed mild carpal tunnel on the right and bilateral entrapment neuropathy involving the ulnar nerve at the cubital tunnel bilaterally and negative for cervical radiculopathy and cervical spine MRI showed C6-C7 stenosis moderate to severe. The injured worker was diagnosed with C6-C7 stenosis moderate to severe. According to progress note of June 16, 2015, the injured worker's chief complaint was cervical neck pain. The cervical spine MRI showed C6-C7 stenosis moderate to severe. The physical exam noted limited flexion of 80% of normal. The injured worker was complaining of tingling in the arm. The treatment plan included 1 time cervical epidural steroid injection to C7-T1 with sedation and fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection to C7-T1 with sedation and fluoroscopy one time:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

**Decision rationale:** The claimant sustained a work injury in January 2014 and continues to be treated for neck pain with upper extremity radiating symptoms. An MRI of the cervical spine in June 2015 included findings of C6-7 left lateralized foraminal stenosis with mild to moderate canal stenosis. When seen, there was decreased cervical spine range of motion causing tingling in her arm. Her physical examination was otherwise unchanged with the last documented examination by the requesting provider on 03/06/15 showing positive Tinel's testing at the elbow and over the carpal tunnel with decreased right ulnar sensation. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no reported physical examination findings of radiculopathy such as decreased strength or sensation in a myotomal or dermatomal pattern or reflex abnormality. Sedation is also being requested for the procedure. There is no indication for the use of sedation and this request is not medically necessary for this reason as well.