

<b>Case Number:</b>	CM15-0149279		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	10/05/2010
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 50 year old female who sustained an industrial injury on 10-05-2010. The injured worker was diagnosed with right carpal tunnel syndrome and cervical spine disc protrusion with right arm radiculopathy. The injured worker is status post left carpal tunnel release in 2011. Treatment to date has included diagnostic testing, conservative measures, surgery, physical therapy, chiropractic therapy, home exercise program and medications. According to the primary treating physician's progress report on June 29, 2015, the injured worker continues to experience cervical spine pain radiating down the right arm associated with weakness and numbness in the hands and grinding at the neck. The injured worker rates her pain level at 6 out of 10 on the pain scale. Examination demonstrated tenderness to palpation of the cervical spine with range of motion lacking 10 degrees in all planes. Motor strength was noted at 4 out of 5. Current medications were not documented. Treatment plan consists of the current request for C6-C7 epidural steroid injection.

### 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 C6-C7:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 of 127.

**Decision rationale:** This claimant was injured five years ago with right carpal tunnel syndrome and cervical spine disc protrusion with right arm radiculopathy. As of June 2015, there was cervical spine pain radiating down the right arm associated with weakness and numbness in the hands and grinding at the neck. Motor strength was noted at 4 out of 5. Current medications were not documented. Although disc protrusion is claimed, no disc herniation on current imaging is noted that would yield a dermatomal distribution of radiculopathy. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion - Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing - is not met. No requisite disc herniation is noted to define an injury radiculopathy. The request is not medically necessary and appears appropriately non-certified based on the above.