

<b>Case Number:</b>	CM15-0169271		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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 is a 55 year old female who sustained an industrial injury on 1-2-2014. Medical records indicate that the injured worker is being treated for bilateral carpal tunnel syndromes, right trapezius muscle spasms, rule out cervical radiculopathy, bilateral forearm strain, and bilateral hand pain. Medical record dated 6-22-2015 note bilateral hand pain, right neck pain, right arm pain, and left forearm pain. Medications do help to decrease pain partially. Medical records dated 6-22-2015 noted tenderness to palpation of the neck with full range of motion. Pain worsened with activities. There was tenderness to palpation of bilateral volar forearms. There was normal sensation. Treatment has included medications, splinting, modified work duty, and 24 visits of physical therapy. The utilization review form dated August 25, 2015 noncertified a cervical epidural steroid injection at C7-T1 catheter directed to C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Cervical Epidural Steroid Injection at C7-T1 catheter directed to C6-C7:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant sustained a work injury in January 2014 and is being treated for neck and bilateral arm and hand pain. When seen, she was having right-sided neck and arm pain with numbness and tingling and weakness. Physical examination findings included cervical tenderness. Tinel's testing was positive bilaterally. There was decreased upper extremity strength. There was bilateral forearm tenderness. An MRI of the cervical spine with a clinical history of neck pain radiating to the right upper extremity included findings of moderate spinal stenosis at C6-7. Electrodiagnostic testing in May 2015 showed findings of a right C6/7 radiculopathy. Treatments include medications and recent physical therapy. Criteria for consideration of a cervical epidural steroid injection include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and symptoms initially unresponsive to conservative treatment. In this case, the claimant has right cervical radicular symptoms with electrodiagnostic findings of radiculopathy and without findings of peripheral nerve entrapment. Imaging shows findings of C6/7 stenosis at the level being targeted. There have been recent conservative treatments. The rationale for the injection is clearly stated. The request was medically necessary.