

<b>Case Number:</b>	CM15-0214891		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	12/29/1997
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 41 year old, male who sustained a work related injury on 12-29-97. A review of the medical records shows he is being treated for neck and left arm pain. In the progress notes dated 7-22-15 and 9-16-15, the injured worker reports constant, throbbing and moderate neck pain with radiation down left arm. He has frequent tingling and numbness in the left arm down to fingers. He has spasms in his neck. He rates the pain an 8-9 out of 10 with medications. He rates the pain a 9-10 out of 10 without medications. The pain and intensity interfere with his activities of daily living. He reports gastroesophageal reflux disease and medication related gastrointestinal upset. On physical exam dated 9-16-15, he has spasm noted in the left trapezius muscle. He has tenderness noted over C4-7 vertebrae. He has tenderness at the left trapezius muscle. He has moderately decreased cervical range of motion due to pain. Sensation is decreased in the left arm, with the affected C6 dermatome. The provider states the EMG-NCV studies of arms dated 6-28-13 reveal "chronic left C6 radiculopathy. Left ulnar neuropathy across the elbow - slowing of the ulnar motor nerve across the left elbow without evidence of axonopathy. Moderate right median neuropathy at the wrist (carpal tunnel syndrome) affecting sensory and motor components. Mild left median neuropathy at the wrist (carpal tunnel syndrome) based on comparison studies." Treatments have included a cervical epidural steroid injection on 8-20-13, medications, aqua therapy, and TENS unit therapy. There was no documentation of effectiveness of the cervical epidural steroid injection dated 8-20-13. The provider states all previous conservative treatments have "failed." He reports in this progress note that "the patient is in the diagnostic phase of receiving epidural steroid injections, as this will be the patient's initial injection. During the diagnostic phase, initial injections indicate whether success will be obtained with this treatment intervention." Current medications include Flexeril, Gabapentin,

Hydrocodone-Acetaminophen and Protonix. He is currently not working. The treatment plan includes requests for a cervical epidural steroid injection and to continue medications. The Request for Authorization dated 9-28-15 has requests for cervical epidural steroid injection, and medications of Hydrocodone, Protonix, Zanaflex and Topiramate. In the Utilization Review dated 10-8-15, the requested treatment of a right C5-6 cervical epidural steroid injection under fluoroscopy as an outpatient is not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Right C5-6 (neck) cervical epidural steroid injection under fluoroscopy: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Activity Alteration, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** According to the guidelines, ESI s are indicated for those with radiculopathy on exam and imaging or neurodiagnostics. In this case the claimant does have EMG and exam findings consistent with radiculopathy. The claimant last received an ESI 2 years ago. Although, the length of relief and percentage was not provided. The claimant had not needed on for 2 years. The claimant has 8/10 pain with medications and has undergone therapy. The request for a cervical ESI is medically necessary.