

<b>Case Number:</b>	CM15-0086557		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: California

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:

This 41-year-old female sustained an industrial injury on 9/5/14. She subsequently reported neck pain and headaches. Diagnoses include bilateral carpal tunnel syndrome and cervical radiculopathy. Treatments to date include nerve conduction, x-ray and MRI testing, injections, surgery, physical therapy and prescription pain medications. The injured worker continues to experience neck, bilateral shoulder and wrist pain. Upon examination, there was markedly positive impingement sign of the left shoulder. There is palpable tenderness over the first right CMC joint and carpal tunnel, right greater than left. Positive Spurling's sign was noted on the left shoulder. The treating physician made a request for Cervical Epidural Steroid Injection under Fluoroscopic Guidance.

### 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 Under Fluoroscopic Guidance: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 47.

**Decision rationale:** Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Within the documentation available for review, there are recent physical examination findings supporting a diagnosis of radiculopathy. The patient had positive Spurling's maneuver on the left. The worker had a diagnostic left shoulder injection with no benefit, which essentially rules out shoulder pathology as the principle pain generator. This injured worker is noted to have tried physical therapy and pain medications without sufficient benefit. The cervical MRI from 12/2014 does identify a disc bulge of 4mm at C5-6, which results in foraminal narrowing. Furthermore, EMG/NCS showed acute left C7 radiculopathy in addition to carpal tunnel syndrome. One possible reason for the lack of correlation of the MRI and EMG in terms of root level is that the EMG is based upon muscle testing, which has dual root innervations in all major muscle groups. Given this clinical picture, a cervical ESI is medically necessary.