

<b>Case Number:</b>	CM13-0039178		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54-year-old male who reported an injury on 09/14/2011. The mechanism of injury was not specifically stated in the medical records. The patient's diagnoses include cervical radiculopathy, displacement of disc without myelopathy, and ulnar nerve lesion. His symptoms are noted to include neck pain rated as 7/10 to 8/10. His physical exam findings include normal reflexes and sensation in the bilateral upper extremities. An MRI dated 10/24/2012 revealed a prior fusion from C5-7, and bilateral C5-6 and C6-7 foraminal narrowing with no nerve root involvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C7 Transforaminal Epidural Steroid Injection (ESI), right side, and then left side:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Epidural steroid injections, (ESIs), Page(s): 46.

**Decision rationale:** According to the California MTUS Guidelines, epidural steroid injections may be recommended for patients with radiculopathy documented by physical examination, and

corroborated by imaging studies and/or electrodiagnostic testing. The patient was noted to have a diagnosis of cervical radiculopathy. However, there were no subjective or objective findings consistent with radiculopathy in his recent office notes. Additionally, the MRI of his cervical spine specifically noted that the C7 and C6 nerve roots exit freely. Additionally, the patient was noted to have a previous EMG with no evidence of cervical radiculopathy. In the absence of physical examination and diagnostic study results consistent with a diagnosis of radiculopathy, an epidural steroid injection is not supported. As such, the request is noncertified.