

<b>Case Number:</b>	CM14-0177426		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	07/21/2011
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/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 49-year-old male presented with a work-related injury on July 21, 2011. The patient was diagnosed with cervical disc disease and cervical radiculopathy. The patient had a prior carpal tunnel release which did not alleviate the numbness in the C7 distribution. On May 9, 2014 the patient complained of neck and left upper extremity pain. The pain was rated at 7 to 9 out of 10. The pain was described as moderate, constant, sharp and associated with numbness and weakness. The patient's medications included Motrin 800 mg. The pain was rated at 3 to 4 out of 10 medication. The physical exam on that day was significant for pain with axial compression, and decreased cervical spine range of motion. On January 7, 2014 the physical exam was significant for moderate tenderness to palpation with muscle spasm noted over the paravertebral musculature extended to the left trapezius muscle, axial head compression and Spurling's sign were positive on the left, and decreased activity in the C7 dermatome. MRI of the cervical spine on December 11, 2013 documented 3 mm midline disc protrusion at C6 - C7 resulting in abutment of the cervical report with a moderate degree of central canal narrowing, 3 mm biforaminal disc you osteophyte resulting in abutment of the exiting cervical nerves bilaterally and moderate narrowing of the neural foramina bilaterally. Electrodiagnostic study on October 31, 2011 was abnormal for electrical evidence of cervical radiculopathy (C-5 - C6) at the right, and bilateral moderate carpal tunnel syndrome constituting a double crush syndrome. The patient has tried physical therapy, TENs/traction unit, physiotherapy, chiropractor therapy, work modifications, spinal decompression and some type of injection to his neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C6-C7 Transforaminal Facet Epidural Steroid Injection 1X1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Extremity Complaints, Treatment Consideration

**Decision rationale:** The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam and MRI results does corroborate cervical radiculitis for which the procedure was requested. The claimant did exhibit neurological deficit; in the dermatomal distribution to be treated with an epidural steroid injection. Additionally, the claimant has failed conservative therapy; however a cervical epidural steroid injection and facet injection should not be performed at the same time. The request is not medically necessary.