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| <b>Case Number:</b>   | CM14-0091616 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 01/29/2010 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 05/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/17/2014 |

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 55 year-old female was reportedly injured on January 29, 2010. The mechanism of injury was noted as a fall. The most recent progress note, dated April 9, 2014, indicated that there were ongoing complaints of neck and low back pains with left upper extremity and left lower extremity radicular symptoms. The pain was rated as 6/10 to 7/10. Associated symptoms included burning and numbness in the left upper extremity. The physical examination demonstrated decreased cervical range of motion and tenderness to palpation through the cervical para-spinal muscles. Diminished sensation was noted in the left upper extremity and C7 and C8 distribution, with diminished strength in both upper extremities. No imaging or electro-diagnostic studies were documented for the cervical spine on this report. Electro-diagnostic studies were completed on June 26, 2012. The clinician appeared to indicate that this included the upper extremities, but there was no documentation of focal nerve entrapment or radiculopathies of the upper extremities. Previous treatment included narcotics, muscle relaxants, physical therapy, and antidepressants. A request had been made for a cervical epidural steroid injection at C6-C7 and was not certified in the pre-authorization process on May 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid injection C6-7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability guidelines

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

**Decision rationale:** The MTUS supports the use of epidural steroid injections when there is evidence of radiculopathy on examination and is corroborated by imaging and/or electrodiagnostic studies. Based on the clinical documentation provided, claimant has complaints of bilateral upper extremity radiculopathy as well as reproducible radiculopathy on examination with diminished sensation in a specific dermatomal pattern. However, previous electrodiagnostic studies did not demonstrate evidence of radiculopathy in the upper extremities. Additionally, an MRI report for the cervical spine has not been submitted. As such, the request fails to meet criteria as outlined by the MTUS and is considered not medically necessary.