

<b>Case Number:</b>	CM13-0067261		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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: Massachusetts

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:

The injured worker is a 55 year old female, who sustained an industrial injury on 7/12/2012. Diagnoses include cervical strain with radiculopathy, bilateral shoulder sprain/strain, cephalgia with tinnitus and lumbar sprain/strain. Treatment to date has included diagnostic imaging including magnetic resonance imaging (MRI), group therapy, pain management consultation and medications. Per the Primary Treating Physician's Progress Report dated 10/31/2013, the injured worker reported constant neck pain radiating into the bilateral upper extremities with locking. She has numbness and tingling in both hands. She complains of numbness in the right side of her face as well. Her neck pain is rated as 7-8/10. She reports ringing in both ears and itchiness on both sides of her face. She also complains of lower back pain with radiation to both legs. She has sharp pains in the bottom of her feet. Her lower back pain is rated as 10/10. Physical examination revealed tenderness bilaterally t C5-6 and C6-7 as well as in the upper trapezius, bilateral levator scapular and bilateral rhomboids of the cervical spine. Range of motion was decreased. There is decreased sensation in all digits. Examination of the lumbar spine revealed tenderness in the midline at L5-S4 as well as in the bilateral sciatic notch and bilateral posterior thighs. There are paresthesias noted in the lateral aspect of the right foot. The plan of care included follow up with multiple specialists, EMG (electromyography)/NCS (nerve conduction studies) of the bilateral upper extremities and authorization was requested for bilateral C5-7 epidural.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral cervical epidural at C5-7:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

**Decision rationale:** The claimant is nearly 3 years status post work-related injury and continues to be treated for chronic radiating neck pain with upper extremity numbness and tingling. Symptoms also include tinnitus and itching of the face. When seen by the requesting provider, the claimant had radiating neck pain with upper extremity numbness and tingling. There was decreased cervical spine range of motion with tenderness and decreased upper extremity sensation. Shoulder impingement testing and decreased range of motion were present on the right. There were multiple areas of muscle tenderness. An MRI of the cervical spine on 02/08/13 showed findings of multilevel spondylosis without neural compromise. Criteria for consideration of a cervical epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, an MRI of the cervical spine was negative for neural compromise and therefore the requested cervical epidural steroid injection was not medically necessary.