

<b>Case Number:</b>	CM15-0011502		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	07/26/2006
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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

### 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 46 year old female, who sustained an industrial injury on July 26, 2006. The mechanism of injury is unknown. The diagnoses have included neck sprain and strain, bilateral carpal tunnel syndrome, bilateral shoulder impingement syndrome, multilevel lumbar discopathy and multilevel cervical discopathy. Treatment to date has included diagnostic studies, home exercises, physical therapy and medications. Currently, the injured worker complains of neck pain radiating down the bilateral upper extremities. The pain is accompanied by tingling and numbness. The pain is aggravated by activity, pushing, rotation and walking. She also complains of low back pain that radiates down the bilateral lower extremities. He pain is rated as a 7 on the 1-10 pain scale with medications and as a 10 on the pain scale without medications. On January 14, 2015, Utilization Review non-certified a cervical epidural injection bilateral C5-C7, noting the ACOEM, Non-MTUS and Official Disability Guidelines. On January 21, 2015, the injured worker submitted an application for Independent Medical Review for review of cervical epidural steroid injection bilateral C5-C7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injections bilateral C5-C7:** Overturned

**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:Neck & Upper Back Chapter; Epidural Steroid Injections

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** This patient presents with neck pain radiating to the bilateral upper extremities and hands and low back pain. The treater is requesting CERVICAL EPIDURAL STEROID INJECTION BILATERAL C5-C7. The RFA was not made available for review. The patient's date of injury is from 07/26/2006 and she is currently not working. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. MTUS also states, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The records do not show any previous cervical epidural steroid injection to the bilateral C5-C7. There is, however, a previous TESI in the bilateral L3-L5 from 12/17/2013, which the patient reports 50% to 80% improvement for 3 months. The MRI of the cervical spine from 03/23/2011 shows: 1. Mild disk space narrowing and disk desiccation at C5-C6 and C6-C7. 2. Mild central and paracentral disk bulges at C3-C4, C4-C5, and C5-C6 without significant spinal canal or neuroforaminal encroachment. The EMG/nerve conduction studies of the upper extremities from 06/22/2011 shows an abnormal EMG but normal nerve conduction study of the upper limbs consistent with bilateral C6 and C7 nerve root impingement, chronic, mild. No findings of upper limb nerve entrapment, neuropathy, or plexopathy. The examination from the 10/23/2014 report shows spinal vertebral tenderness at C4-6 and bilateral paravertebral C5-C6 tenderness. Range of motion in the cervical spine was moderately limited due to pain. Sensory examination showed decreased sensation in the bilateral upper extremities and the affected dermatome at C5-C6. Motor examination shows decreased strength in the bilateral extremities. In this case, the patient has been documented with examination findings consistent with radiculopathy and the EMG test from 6/22/11 documents nerve root impingement. The current request for CERVICAL EPIDURAL STEROID INJECTION BILATERAL C5-C7 is medically necessary.