

<b>Case Number:</b>	CM15-0117618		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: 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 58 year-old female who sustained an industrial injury on 01/03/10. Details of injury, initial diagnoses, and treatments are not available. Treatments to date include pain medication management. Current diagnoses include neck pain with MRI of the cervical spine showing severe artifact at C4-5 and pedicle screws at C5-6 and C6-7; there appears to be arthroplasty at C4-5 status post cervical fusion 03/2012, EMG of bilateral upper extremities 09/2013 showing chronic left C5 radiculopathy and mild right carpal tunnel syndrome, thoracic spine pain, lumbar pain, left knee pain status post ACL with meniscal repair on 10/20/11, and depression with anxiety. In a progress note dated 05/20/15, the injured worker reports ongoing neck and upper extremity pain on the right side; she does well on her medication regimen. The pain is rated 8/10 without medications, and 6/10 with medications; she walks for exercise. Physical examination was significant for limited range of motion in the cervical spine with decreased sensation over the radial side of her right forearm. Treatment recommendations include continuation of pain medication management, and right transforaminal epidural steroid injection at C4-C5. The injured worker is not currently working. Date of Utilization Review: 06/03/15

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right transforaminal epidural steroid injection to C4-C5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 2010 and continues to be treated for radiating neck pain. Treatments have included a multilevel cervical spine fusion and March 2012. When seen, she was having right-sided neck and upper extremity pain. There was decreased cervical spine range of motion and decreased right upper extremity sensation. Upper extremity EMG/NCS testing had shown findings of a chronic left C5 radiculopathy and mild right carpal tunnel syndrome. An MRI of the cervical spine was limited due to artifact from her surgery but was without report of neural compromise. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased right upper extremity sensation but electrodiagnostic testing was positive for a left sided cervical radiculopathy. There are no reported corroborating imaging findings. The requested injection was not medically necessary.