

<b>Case Number:</b>	CM15-0179221		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old female worker who was injured on 8-16-2011. The medical records indicated the injured worker (IW) was treated for cervical, thoracic and lumbar disc bulge; right elbow strain; left elbow surgery; right and left wrist internal derangement; and right and left hand strain. She was on modified work duty. An evaluation (4-27-15) indicated the IW had complaints of bilateral wrist and hand pain radiating into the fingers with associated numbness and tingling in the hands and fingers. The pain interfered with travel, engaging in social and recreational activities and made it difficult to grasp and manipulate objects. Medications included Methotrexate, Tylenol #3 and Humira. On exam (4-27-15) range of motion of the wrists was decreased, greater on the left. Sensation was diminished to light touch in the bilateral ulnar nerve distribution. In the progress notes (7-15-15), the IW reported pain in the neck, upper and lower back, the bilateral elbows and the bilateral wrists and hands. Objective findings (7-15-15) included no sensory deficits to the left hand. Treatments included left elbow replacement (5-2-14), physical therapy (helpful), medications (slightly helpful), swimming and bracing. Electrodiagnostic testing on 2-24-15 was consistent with mild left cubital tunnel syndrome. A Request for Authorization was received for epidural steroid injection at C5-C6. The Utilization Review on 8-20-15 non-certified the request for epidural steroid injection at C5-C6 due to lack of documentation to support the presence of clinical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection at C5-C6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** CA MTUS states ESI is an option when there is a history, physical examination findings and diagnostic studies which confirm the presence of a radiculopathy corroborated with MRI or electrodiagnostic studies. The patient should also be unresponsive to conservative treatment. In this case, the date of injury was 8/10/2011. The patient currently reports neck, upper back and low back pain. However the records do not provide any objective findings on physical exam, imaging studies or electrodiagnostic testing or cervical radiculopathy. The records did not contain cervical or lumbosacral MRI findings. EMG/NCV of the upper extremities revealed abnormal findings consistent with mild left cubital tunnel syndrome, but findings of cervical radiculopathy. Therefore, a lack of documentation renders this request for ESI not medically necessary or appropriate.