

<b>Case Number:</b>	CM15-0061306		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	08/18/2006
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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, 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 8/18/2006. She reported a fall with acute onset left shoulder pain. Diagnoses include cervical disc protrusion and stenosis on multiple levels, status post left rotator cuff repair, right carpal tunnel syndrome. Treatments to date include medication therapy, physical therapy, topical medication, modified work, and steroid epidural injection with 70% improvement of symptoms documented. Currently, she complained of constant neck pain and headaches with pain rating 7-8/10 VAS, associated with upper extremity radicular symptoms. On 2/17/15, the physical examination documented decreased cervical range of motion with tenderness and muscle spasms noted. The plan of care included interlaminar cervical epidural steroid injection at C6-7. The January 13, 2015 progress report identifies objective findings of weakness in the right upper extremity. Electrodiagnostic studies performed on December 30, 2014 identify carpal tunnel syndrome and left ulnar sensory neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interlaminar cervical epidural steroid injection C6-7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

**Decision rationale:** Regarding the request for repeat cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, it is unclear whether there are physical examination findings supporting a diagnosis of radiculopathy. The note indicates that the patient has 4+/5 strength in "upper extremity", but is nonspecific regarding the muscles affected by the weakness. Additionally, there is no sensory loss or pain described in a dermatomal distribution. Furthermore, recent electrodiagnostic studies did not identify radiculopathy, and saw Ulnar neuropathy and carpal tunnel syndrome. The requesting physician has not indicated why he feels these diagnoses are insufficient to explain the patient's current symptoms. Finally, the description of objective improvement from previous epidural injections is nonspecific, and it is unclear how much medication reduction was achieved with previous epidurals. As such, the currently requested repeat cervical epidural steroid injection is not medically necessary.