

<b>Case Number:</b>	CM14-0147795		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 45-year-old female was reportedly injured on August 9, 2012. The mechanism of injury was noted as cumulative and repetitive trauma of the upper extremities. The most recent progress note, dated August 5, 2014, indicated that there were ongoing complaints of cervical spine pain. Current pain was rated at 6/10 to 7/10. The physical examination demonstrated decreased range of motion of the cervical spine and a normal upper extremity neurological examination. There was a positive Spurling's test bilaterally. Diagnostic nerve conduction studies, dated February 12, 2013, showed evidence of carpal tunnel syndrome of the left greater than the right wrist. An MRI of the cervical spine, dated February 3, 2014, revealed a broad disc bulge and spurring at C6-C7. There was a disc protrusion facing the ventral portion of the thecal sac. Previous treatment included physical therapy, home exercise, and oral medications. A request had been made for a right C6-C7 transforaminal epidural steroid injection and was denied in the pre-authorization process on August 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right C6-7 Transforaminal Epidural Steroid Injection (TFESI), x 1 followed by 2 weeks later at same level on the Left: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the criteria for an epidural steroid injection includes the presence of a radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There are no findings of a radiculopathy on physical examination nor are there any potential findings of neurological involvement on the cervical spine MRI or upper extremity nerve conduction studies. Considering this, the request for a right-sided C6-C7 epidural steroid injection times one followed by the same two weeks later on the left side is not medically necessary.