

<b>Case Number:</b>	CM13-0007046		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	09/05/2001
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 physician 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 patient is a 48-year-old female who reported an injury on 09/05/2001. The mechanism of injury was not provided for review. The patient's treatment history included cervical epidural steroid injections, lumbar epidural steroid injections, physical therapy, massage therapy, medications, and psychiatric support. The patient underwent a cervical MRI that revealed a 3 mm disc bulge at the C5-6 indenting on the thecal sac. The patient's most recent clinical examination findings included persistent neck pain radiating into the upper extremities. The patient's diagnoses included depression due to chronic pain, pain secondary to a disc protrusion, status post left arthroscopic surgery. The patient's treatment plan included continued medications and a cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C7-T1 Interlaminar Cervical Epidural Steroid Injection, QTY 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 174-175.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The requested C7-T1 Interlaminar Cervical Epidural Steroid Injection, QTY 1 is not medically necessary or appropriate. The California Medical Treatment and Utilization

Schedule recommends repeat injections be based on documented functional improvement and significant pain relief greater than 50% for at least 6 to 8 weeks. The clinical documentation submitted for review does provide evidence that the patient received an epidural steroid injection at the requested level in 10/2012. The clinical documentation submitted for review does not provide any evidence of a significant change in the patient's functional capabilities as a result of the epidural steroid injection. Prior to the injection, it was noted that the patient was exercising daily and only taking minimal medications. After the injection, there was no change in the patient's clinical presentation. Additionally, the California Medical Treatment and Utilization Schedule recommend epidural steroid injections are based on clinical findings of radiculopathy that are supported by an imaging study. The clinical documentation does include an imaging study that does provide evidence of possible pathology for radiculopathy. However, the patient's most recent clinical examination does not provide any evidence of radiculopathy. There are no clinical findings to support that the patient has continued radicular symptoms. As such, the requested C7-T1 Interlaminar Cervical Epidural Steroid Injection, QTY 1 is not medically necessary or appropriate.