

<b>Case Number:</b>	CM13-0011667		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/09/2009
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 California. 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 46-year-old female who reported an injury on 10/09/2009. The mechanism of injury was not provided for review. The patient ultimately developed chronic low back and neck pain. The patient's low back pain was treated with epidural steroid injections that were not effective. It was also noted that the patient had a cervical epidural steroid injection previously that provided relief and reduction in medication for approximately 6 months. The patient's most recent clinical evaluation revealed tenderness to palpation of the cervical spine with decreased sensation in the C5 dermatomes, with normal motor strength and decreased range of motion. The patient's diagnoses included lumbar stenosis without claudication, degenerative disc disease, cervical disc disease, and chronic pain of the neck with neck spasms. The patient's treatment plan included a repeat epidural steroid injection and continued physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ESI Injection Cervical:** Upheld

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

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

**Decision rationale:** The requested epidural steroid injection is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously had a cervical epidural steroid injection. CA MTUS recommends repeated injections be based on at least 50% pain relief for up to 6 to 8 weeks. The clinical documentation does provide evidence that the patient had pain relief for more than 6 months. However, there was no a quantitative pain assessment provided for review to support additional injections. Additionally, the clinical documentation submitted for review does not provide any evidence of at what level the prior injection was administered to. Also, the request as it is written does not clearly identify at what level the current injection would be administered to. As such, the requested epidural steroid injection of the cervical spine is not medically necessary or appropriate.