

<b>Case Number:</b>	CM13-0012218		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/04/2004
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	07/30/2013
<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 and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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:

This is a 50 year-old female with an 8/04/2004 industrial injury claim. She has been diagnosed with cervicalgia; cervical radiculitis; and myofascial pain. According to the 7/29/13 report from [REDACTED], she presents for follow-up for the trigger point injections for bilateral shoulders and cervical epidural steroid injection (CESI) on 6/28/13. She had 1.5 weeks of relief then the pain returned. She reports neck pain, bilateral trapezius area pain and numbness, and tingling in both hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REPEAT C5-C6 EPIDURAL STEROID INJECTION (ESI): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

**Decision rationale:** According to the 7/29/13 report, the patient presents with neck pain, bilateral shoulder pain and numbness, and tingling in both hands. She is reported to have had trigger point injections and a cervical ESI on 6/28/13, but the relief only lasted a week and a half. The physician requested another ESI, anticipating longer relief. Despite the 1-1/2 weeks of relief

from the first ESI, this is not considered a successful ESI per MTUS standards. MTUS states: "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. " The pain relief did not last the minimum 6-weeks. The request for the repeat CESI is not in accordance with MTUS guidelines.