

<b>Case Number:</b>	CM13-0013467		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	05/01/2008
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 64 year old with a history of cervical radiculopathy following cumulative injury from 1973 through 5/1/2008. [REDACTED] documented subjective symptoms of radiculopathy with neck pain radiating to right upper extremity, MRI evidence of cervical canal stenosis and significant pain relief following previous cervical epidural steroid injections. The first interlaminar epidural in 2010 and the first selective catheterization epidural provided greater than 75% pain relief for only 1-2 months duration. The second injection on each occasion prolonged the pain relief for 2 years. The one unit of selective epidural steroid injection done on 10/8/2013 provided 70-80% pain relief for 2 weeks. [REDACTED] post procedure notes documented that the patient was able to increase ADL, walk longer distances and do more home exercise. The clinic note dated 11/11/2013 show that the effects is wearing off. The ADL and range of motion examination has decreased from previous levels. The patient is on OTC Aleve and also uses the TENs unit . The patient is on modified work duty. The Utilization Review determination was rendered on 8/7/2013 recommending Modified certification of 1 Selective Epidural Catheterization at right C5-6 and non-certification of purchase of TENS unit, electrodes, batteries, adhesive and lead wire.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SELECTIVE EPIDURAL CATHETERIZATION AT C5-5, RIGHT SIDE, QTY: 2:**  
Overturned

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

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

**Decision rationale:** The CA MTUS guideline addressed utilization of epidural steroid injections for the treatment of established cervical radiculopathy pain. The indications listed include reduction of pain, reduction of medication utilization and functional improvement in patients who has failed conservative management. A second epidural injection is indicated when there is documented greater than 50% reduction of pain, reduction in medications use and functional improvement for greater than 6 weeks following the first injection. The epidural injection done on 10/8/2013 provided 70-80% reduction in pain, pain score dropped to a maximum of 4/10, ADL improved with the patient increasing walking and home exercises. These beneficial effects had decreased on the 11/11/2013 clinic visit. This patient has met the criteria for a second epidural injection. [REDACTED] and [REDACTED] documented prior prolongation of significant pain relief for 2 years following second cervical epidural injections in 2010 and 2011 after the first injection had provided less than 2 months of pain relief.