MAXIMUS Federal Services

| Case Number: | CM13-0014208 | | |
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| Date Assigned: | 12/11/2013 | Date of Injury: | 09/11/2008 |
| Decision Date: | 01/29/2014 | UR Denial Date: | 08/13/2013 |
| Priority: | Standard | Application Received: | 08/19/2013 |

## 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 Pain Management, has a subspecialty in Disability Evaluation 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.

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to medical records reviewed, the patient is a is a 49 year old right handed male with stated date of injury of 9/11/20008. The patient stated he stood up too fast while getting into a tire truck and hit his head on the roof. Left him with head and posterior neck pain temporarily. Sometime thereafter his left elbow hurt but he had less pain in his neck. He never had clear shooting pain from his neck into either arm. This elbow pain, he states, then progressed down into his left hand. The left whole hand began to have constant tingling. An MRI of his cervical spine was obtained in 2008 and severe left lateral recess narrowing and neuroforaminal narrowing was present at C5-6. He received an epidural steroid injection that he said resolved his left elbow pain and whole hand tingling for 6 months. He continued to get the epidural steroid injections approx every 6 months to keep his symptoms at bay. At the end of last year he developed a pain in his right shoulder. This pain seemed to travel from his neck, across his trap but was clearly focal to the right shoulder. An epidural steroid injection in January of 2012 did not affect this shoulder pain but did decrease his left elbow pain and whole hand numbness but only tor 3 months this time. A repeat MRI was done on 4-18 that now showed bilateral severe neuroforaminal narrowing at C5-6 "without nerve impingement" and mod right and severe left neuroforaminal narrowing at C6-7 impinging on the C7 root. At issue was a request for additional epidural steroid injection to the cervical spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cervical and Thoracic Spine Section Page(s): 46.

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

**Decision rationale:** CA- MTUS (Effective July 18, 2009) Chronic Pain Medical Treatment Guidelines (page 46), stipulates that "the purpose of Epidural Steriod Injections (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit". Occupational Medicine Treatment Guidelines (page 300) stated "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery.