

<b>Case Number:</b>	CM13-0014923		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Orthopedics, and is licensed to practice in New Hampshire, New York, and Washington. 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 sustained a neck injury on April 24, 2013 and was diagnosed with cervical thoracic sprain and cervical radiculopathy. The patient had a previous epidural steroid injection on July 10, 2013 with moderate improvement. Based on the medical records only moderate response was achieved. The patient is a 52-year-old [REDACTED] paramedic who experiences chronic neck and back pain. He has been treated with analgesic medications, oral steroids, and other medications. A cervical MRI from June 2013 noted multilevel disc protrusions at C5-6 and C6-7 with associated neural foraminal narrowing. The treatment has included unspecified amounts of osteopathic manipulation therapy an extensive period of time off work. The patient was noted to complain of persistent neck pain that radiates to the right thumb and index finger. He is currently taking Tylenol and Flexeril is grossly intact strength in both upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat cervical epidural steroid injection under fluoroscopy C6-C7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI's)..

**Decision rationale:** The patient received a previous epidural steroid injection on July 20, 2013 with only moderate improvement documented. Not enough improvement was documented at the first injection. Therefore a second injection is not recommended. Also there is no documentation of a continued objective pain and functional management program for neck and back pain. In this case, the patient has not demonstrated the requisite 50% pain relief with associated reduction and medication usage for 6 days a week, nor is there evidence of functional improvement as defined in MTUS Guidelines. The records reveal that the patient has failed to return to work. Also, the patient has failed to improve in terms of performance of activities of daily living. He also has failed to demonstrate any reduction in independence of medical treatment. Ultimately, he has failed to demonstrate any clear evidence of functional improvement through the prior epidural steroid injection performed 3 weeks ago. A second injection is not medically needed.