

<b>Case Number:</b>	CM13-0026005		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	09/24/2007
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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, and is licensed to practice in Oklahoma and Texas. 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 50-year-old male who reported an injury on 09/24/2007. In reviewing the documentation from 05/08/2013, there was no specific dermatomal pattern of sensory or motor abnormalities noted as well as a lack of moderate to significant stenotic lesions of the cervical spine. Reference to an MRI which revealed mild stenosis of the C5-6 and a central disc protrusion at C6-7 measuring 2.2 mm was notated. The patient was seen again in 06/2013 for continued pain and discomfort in the neck region as well as bilateral shoulders, with pain radiating down to the bilateral forearms, hand, and fingers. The patient also noted having pain and discomfort the low back and lower extremities. At the time of this examination, the patient was unable to perform heel and toe walk, loss of lumbar lordosis, tenderness of the lumbar spine upon palpation, restricted and painful range of motion in the cervical and lumbar spine, tenderness to palpation in the cervical and thoracic spine, and decreased sensation to light touch in the cervical and lumbar spine. The patient was noted as having undergone a lumbar transforaminal bilateral epidural steroid injection under fluoroscopy on 02/19/2013, 03/22/2013, and 04/23/2013 at the L2-3, L3-4, and L4-5 levels. These injections provided approximately 70% to 75% alleviation of the patient's radicular complaints. The patient also underwent a cervical epidural steroid injection at the C5-6 and C6-7 levels bilateral to alleviate his symptoms on 05/21/2013 and again on 06/28/2013. These injections provided approximately 55% to 60% overall alleviation of his radicular complaints. The physician is now requesting a cervical epidural steroid injection again.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection (ESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Under California MTUS Guidelines one of the criteria is in the therapeutic phase, repeat blocks should be based on continue objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a recommendation of no more than 4 blocks per region per year. The patient was noted as having undergone previous cervical epidural steroid injection with at least 50% pain relief and a repeat epidural steroid injection could provide the patient with additional reduction in pain. However, the physician failed to indicate at which level the requested epidural steroid injection is to be performed. Therefore, at this time, the requested service cannot be warranted.