

<b>Case Number:</b>	CM13-0028331		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	02/26/2010
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in 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 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 52-year-old female who reported injury on 02/26/2010 with the mechanism of injury being a lifting injury. The patient was noted to have a cervical ESI in 03/2011 and in 04/2011. The physical examination revealed flexion and extension along with rotation were full, and there was noted to be no tenderness to palpation. The patient's diagnoses were noted to be cervical radiculopathy and failed back surgery syndrome, cervical, with pseudo-arthritis at C5-6 and C6-7. The request was made for a cervical epidural steroid injection at levels C7-T1 with fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection at Level C7-T1 with Fluoroscopic Guidance:** Upheld

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

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

**Decision rationale:** California MTUS guidelines recommend, for repeat epidural steroid injection, there must be objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 weeks to 8 weeks, with a

general recommendation of no more than 4 blocks per region per year. The clinical documentation submitted for review indicated the patient had 2 prior cervical epidural steroid injections and failed to provide documentation of the patient's relief with the injections. Additionally, there was a lack of documentation indicating the patient had radicular findings on examination. Given the above and the lack of documentation, the request for Cervical Epidural Steroid Injection at Level C7-T1 with Fluoroscopic Guidance is not medically necessary.