

<b>Case Number:</b>	CM13-0028675		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	03/08/1990
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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. 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:

43 year old female injured worker with a date of injury 6/7/08 complaining of pain affecting her neck, right shoulder, and right wrist. She is diagnosed with sprain/strain of the right shoulder, right wrist, and cervical spine, right cervical radiculitis, clinical depression, and gastritis from chronic medication usage. She was treated with a home exercise program, psychological visits, right C5/6 cervical epidural steroid injection, and with medications including Vicodin 5/500 and Prilosec. Her MRI 11/09 cervical spine showed disc degeneration at C4/5. Of note her symptoms for which this treatment is requested (right arm/shoulder pain, numbness, and weakness) started well after this MRI C/S so it may be too outdated to be relevant to her current symptoms. Documentation reveals a history of right shoulder weakness with abduction and flexion as well as right C6 distribution numbness. Also, there were physical exam findings suggestive of carpal tunnel syndrome. The date of UR decision was 9/10/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Cervical Epidural Steroid Injection at the levels of C5-C6 under Fluoroscopy: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, and MTUS states "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." Per 8/6/13 note, the prior ESI performed 5/17/12 provided in 50-60% improvement of the injured worker's condition lasting approximately 7 weeks. Per 1/24/13 note from [REDACTED] patient had dramatic improvement in functional ability. The UR physician was under the impression that a two level injection was requested, however according to [REDACTED] 1/24/13 this was a misunderstanding by UR which had occurred previously. The impression I have from review of the records is that [REDACTED] is requesting a repeat right C5/6 cervical epidural steroid injection, one level. The UR physician on 9/10/13 related that part of his denial rationale was non-concordance with MRI findings, however the MRI is out-of-date. It is my opinion that the most relevant aspects of the criteria for repeat injection per MTUS are satisfied, and this procedure is medically necessary.