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| <b>Case Number:</b>   | CM13-0032127 |                              |            |
| <b>Date Assigned:</b> | 12/04/2013   | <b>Date of Injury:</b>       | 10/11/2004 |
| <b>Decision Date:</b> | 03/10/2014   | <b>UR Denial Date:</b>       | 07/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/07/2013 |

### 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 Orthopedic Surgery, 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:

The patient is a 52-year-old female who sustained an injury to her cervical and lumbar spine on 10/11/04. The clinical records provided for review noted on 6/26/13 ongoing complaints of neck and low back pain. It stated that the claimant continued to have right greater than left upper extremity complaints in a C6 nerve root distribution with physical examination showing 5/5 motor tone, pain with cervical range of motion, and diminished sensation in a C6 dermatomal distribution. No formal imaging of the cervical spine was available for review. Documentation of prior treatment dating back to 2004 time of injury was not provided. At the last clinical assessment, continuation of medication of Anaprox as well as a series of three epidural steroid injections to the cervical spine was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**three cervical epidural steroid injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines do not support a series of three injections in either the diagnostic or therapeutic phase. The Chronic Pain Guidelines only recommend the role of repeat injections if documentation of six to eight weeks of improvement of pain of greater than 50% is noted. This specific request for a series of injections would not be supported as medically necessary. It should also be noted that there is no formal clinical imaging available for review in this case to either confirm or refute the role of a radicular compressive process. Thus, the request is noncertified.