

<b>Case Number:</b>	CM13-0032769		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	09/16/2008
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Occupational 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:

The applicant is a [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 16, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; prior spinal cord stimulator trial; open reduction and internal fixation of right wrist fracture; subsequent hardware removal of right wrist fracture; knee ACL repair surgery; and imposition of permanent work restrictions. In a Utilization review report of September 27, 2013, the claims administrator denied a request for cervical epidural steroid injection, citing lack of radiographic corroboration for the applicant's radicular symptoms. A subsequent clinical progress note of October 17, 2013 is notable for comments that the applicant reports 5-8/10 neck pain with associated numbness and tingling about the upper extremities. A surgical scar is evident about the right forearm. A 4+/5 to 5/5 right upper extremity strength are appreciated, with some give-away weakness noted. The applicant is asked to continue Celebrex and Neurontin, Axid, Flexeril, and Paxil while continuing permanent work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Translaminar Cervical Epidural Steroid Injection (CESI):** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, states, the criteria for the pursuit of repeat epidural blocks includes evidence of functional improvement following prior blocks. In this case, however, there is no evidence that the prior blocks resulted in any functional improvement. The applicant has permanent work restrictions in place, implying that their work status is static. The patient does not appear to have returned to work with said limitations in place. Additionally, the patient remains on various analgesic medications, including Celebrex, Neurontin, Flexeril, etc. All the above, taken together, imply a lack of functional improvement as defined in the California MTUS through the prior blocks. The request for translaminar cervical epidural steroid injection is not medically necessary and appropriate.