

<b>Case Number:</b>	CM13-0039053		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/16/2010
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 expert 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 59-year-old female with date of injury of 04/16/2010. According to progress report 09/16/2013 by [REDACTED], the patient presents with constant neck pain rated as 8/10 with radiating pain to the bilateral arms. Examination revealed decrease in cervical spine range of motion. There was tenderness of the paraspinal muscles noted. Treatment plan included continuation of home exercise program and 3 epidural steroid injections for C7-T1 bilaterally. EMG/nerve conduction study from 09/12/2012 revealed bilateral mild carpal tunnel syndrome. Utilization review denied the request on 09/25/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for C7-T1 bilateral epidural injections times 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46-47.

**Decision rationale:** This patient presents with chronic neck pain that radiates to bilateral upper extremities. The physician is requesting 3 epidural injections to the bilateral cervical spines to C7-T1. Review of the medical file indicates the patient underwent an interlaminar catheter-based epidural injection at level C7-T1 on 07/03/2013. The MTUS Guidelines has the following regarding ESI under chronic pain section pages 46 and 47; Recommended as an option for treatment for radicular pain. For repeat injections during therapeutic phase, continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year. In this case, review of progress report 07/23/2013 immediately following ESI from 07/03/2013 indicates the patient continued with frequent moderate pain. There is no indication there is reduction in medication or functional improvement with the prior ESI. Furthermore, MTUS does not recommend a series of three injections. Therefore, the request for C7-T1 bilateral epidural injections times 3 is not medically necessary.