

<b>Case Number:</b>	CM13-0040189		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/01/2008
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 claimant is a 64 year-old female who sustained an accepted industrial injury to the right wrist/shoulder/arm and neck on 05/01/08 due to cumulative trauma. In approximately March 2008 or April 2008, the patient also felt the onset of hand pain with stiffness and sensory changes in her right upper extremity. She took a two- and a half- week vacation in May 2008, during which time her symptoms improved and ceased. She was diagnosed with moderate right carpal tunnel syndrome. She was administered a Cortisone injection with some improvement of symptoms. Surgery was discussed. However, since she has had unrelated right foot surgery, she postponed any further surgery at that time. [REDACTED] also recommended an ergonomic evaluation of the patient's workstation, which was carried out in June 2008. On January 14, 2009, the patient was in [REDACTED] for a driver's training course that she was required to attend. She reports that while walking through the parking lot, she slipped and fell on the right side of her body, resulting in increased pain in the neck, right shoulder, right arm and right hand with bruising. She also experienced daily headaches. She reported the injury to her employer and was referred to [REDACTED], who treated her with anti-inflammatory medication and recommended physical therapy. She has not yet started physical therapy. The patient states that she has had two cervical epidural steroid injections on November 10, 2010 and March 11, 2011 with more than 75% relief of pain for approximately two years. In June 2009, the patient had a carpal tunnel release surgery. [REDACTED] on 08/07/13 determined that the supporting documentation indicates this patient has had two similar injections two years ago that provided 75% relief of pain for approximately two years" (11/10/10 & 3/11/11). On 09/12/13 a fluoroscopically guided cannulation with catheterization of the C3 through C7 cervical epidural interspaces with placement of a continuous cervical epidural catheter for infusion of local

anesthetics and steroid was performed. A second right C5-6 transfacet epidural steroid injection was requested but was denied for lack of medical necessity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**second right C5-6 transfacet epidural steroid injection:** 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 Page(s): 46.

**Decision rationale:** CA-MTUS stipulates that the purpose of Epidural Steroid Injections (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The guideline does not support a series-of-three epidural steroid injection and no more than 2 ESI injections. Therefore the request for second right C5-6 transfacet epidural steroid injection is not medically necessary.