

<b>Case Number:</b>	CM13-0041765		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 patient is a 62-year-old male who was injured on 06/07/2012 after being involved in a car accident while at work. The patient was diagnosed with cervical strain, cervical herniated disc and left upper extremity radiculopathy. The patient complains of neck and left arm pain. This was associated with numbness and tingling in the left upper extremity. Exams showed diminished sensation along the left C6, C7 and C8 dermatomes; absent reflexes in the bilateral upper extremities; and decreased grip strength on the left. The patient has received subacromial injections to the left shoulder which he states has provided him with some relief, however symptoms are reoccurring. The patient currently complains of numbness and tingling in the left upper extremity, left lower extremity and right lower extremity. The patient has a history of diabetes, hypertension and hypercholesterolemia. The patient was diagnosed with cervical strain, cervical herniated disc and left upper extremity radiculopathy. In the most recent medical report dated 9/18/13 it was indicated that the patient complained of neck and left arm pain. This was associated with numbness and tingling in the left upper extremity. Exam showed diminished sensation along the left C6, C7 and C8 dermatomes absent reflexes in the bilateral upper extremities; and decreased grip strength on the left. An MRI was reportedly done; however the result was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection x 2 on left C7-T1 Translaminar: 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 Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC-Pain (Chronic) (Updated 11/14/2014)- Epidural steroid injections (ESIs).

**Decision rationale:** The Physician Reviewer's decision rationale: Regarding the request for Cervical epidural steroid injection x 2 on left C7-T1 Translaminar the guideline criteria was not met. There was no documentation of previous response to earlier ESI considering that performing a second ESI should be based upon the patient's response to the previous ESI prior to proceeding with another injection. The sole report failed to provide documented evidence of initiation and failure with recommended conservative care, including PT. The result of the above mentioned MRI was not provided for further consideration of this request. The guideline stipulated that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guideline further stated If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. In addition, guideline further stated that 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 In this case, no information was provided regarding the first block. There is no documentation of the results from prior injection, therefore the request for the second Cervical epidural steroid injection is not medically necessary.