

<b>Case Number:</b>	CM13-0046902		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 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 injured worker is a 48-year-old female who reported an injury on 04/10/2012. The mechanism of injury was the injured worker was repositioning a patient and had to change the patient's brief. The injured worker rolled the patient over and the patient kicked the frame of the bed and pushed her back. The injured worker's arm was fully extended and as the patient pushed, the injured worker felt a pop in her shoulder and her neck causing extreme pain. The documentation of 08/19/2013 revealed the injured worker had objective findings diffuse tenderness to palpation and paraspinal spasm in the right trapezius more than the left. There was a positive subacromial impingement sign in the right shoulder. There was diminished sensation to the light touch over the ring and small finger of the right hand. The diagnoses included cervical spine sprain/strain with herniated nucleus pulposus at C5 through C7 with C7-8 radiculopathy on the right upper extremity. The treatment plan included the injured worker had a 1st cervical epidural steroid injection and the physician opined there should be consideration for a second epidural steroid injection as the injured worker had experienced improvement with nocturnal pain and numbness in the right arm. Additionally, the treatment plan included physiotherapy focusing on the neck and right shoulder, low impact exercise, and medications including Anaprox, Prilosec, Ultram, and ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SECOND CERVICAL EPIDURAL STEROID INJECTION AT C5-C6, C6-C7 AND C7-C8:** 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 Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines recommend for repeat epidural steroid injections there should be objective documented pain relief of at least 50% with associated reduction of medication use for up to 6 to 8 weeks and there should be documentation of objective functional improvement. Additionally, there should be no more than 2 nerve root levels injected, per California MTUS Guidelines. The clinical documentation submitted for review indicated the injured worker had previously undergone a cervical epidural steroid injection where the injured worker indicated she had good improvement with nocturnal pain and numbness in the right arm. However, there was lack of documentation of objective decrease in pain with associated reduction of medication use for 6 to 8 weeks and objective functional improvement. Given the above, the request for a second cervical epidural steroid injection at C5 through C8 is not medically necessary.