

<b>Case Number:</b>	CM13-0047078		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/20/1999
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

This patient reported an injury on 10/27/1997 as a result of an industrial injury, the specific mechanism of injury not provided. The patient is noted to have intermittent exacerbations of chronic cervicgia, myofacial strain, and pain referred mainly in the left upper extremities. On 12/02/2013, subjective complaints include pain at 5/10 on the visual analog scale with current medication. Without medication she has stated her pain at 10/10. Current medications are ACTIQ, Topamax, Baclofen, Lexapro, Trazodone, Vicodin Extra Strength, Valium, Omeprazole, and Phenergan. Physical exam revealed that the patient has no evidence of acute distress, her head and neck are fixed in a forward flexed position, and she is unable to extend her head and neck to a neutral position. There is minimal cervical paraspinous tenderness, greater on the left than right. She has a negative compression test for radicular symptoms in the left upper extremity. Cervical spine range of motion was decreased in all planes. There is generalized weakness in the left upper extremity and weakness in her right biceps, and evidence of left C6 and C7 hypesthesia and right C5 and C6 hypesthesia. The patient received a C6-C7 epidural steroid injection under fluoroscopic guidelines on November 7, 2013 and received a 50%-60% improvement in symptoms with a decrease of medications usage and improvement in function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection at C5-6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The purpose of an epidural steroid injection 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines state 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. There is insufficient evidence to meet guideline criteria for the requested injection. There were no imaging studies/and or electrodiagnostic testing to corroborate radiculopathy or participation in active treatment programs as recommended in the guidelines. The clinical information did note the patient reported 50-60% pain relief and objective improvement; however, this was assessed at less than 4 weeks after the injection. The documentation also did not detail the patient experienced 50% pain relief and objective functional improvement with decrease in medication use for 6-8 weeks in order to meet guideline criteria for a repeat injection. As such, the request is non-certified.