

<b>Case Number:</b>	CM13-0047229		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/30/2009
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Orthopedic Surgery 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 56-year-old gentleman who was injured in a work related accident on 06/30/09. The clinical records for review specific to the claimant's cervical spine included a report of a 05/16/13 assessment by [REDACTED] documenting ongoing complaints of neck pain with radiating pain to the right shoulder, as well as low back pain. Physical examination findings showed guarding to cervical palpation with tenderness and limited motion. Neurologically, the claimant had equal and symmetrical reflexes, no sensory deficit and no motor weakness. He was diagnosed with cervical spondylosis and right shoulder impingement with possible SLAP lesion. Epidural steroid injections were recommended and performed on 05/24/13 and 06/14/13 on the left at three levels, C4-5, C5-6, and C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injections under fluoroscopy at C4-5, C5-6 and C6-7 left side  
DOS 5/24/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ASIPP Guidelines; Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** Based on California MTUS Chronic Pain 2009 Guidelines, the request for epidural injections at three levels, to the left C4 through C7 levels on 05/24/13 would not be supported. California MTUS Chronic Pain Guidelines recommend that that radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. It also specifically indicates that no more than two nerve root levels should be injected using a transforaminal approach at any given setting. The records in this case do not support the role of a three level injection procedure as it exceeds guideline criteria, nor does it support the injections in absence of documentation of radicular findings on examination corroborated by imaging. This specific request would not be supported.

**Cervical epidural steroid injections under fluoroscopy at C4-5, C5-6 and C6-7 left side  
DOS 6/14/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ASIPP Guidelines; Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, epidural injections performed at the same levels on 06/14/13 would not have been indicated. The Chronic Pain Guidelines do not support the role of injections in absence of radiculopathy corroborated by imaging or at more than two nerve levels as stated above. Furthermore, there is no documentation of the response to the injections given on 05/24/13. The Chronic Pain Guidelines support a repeat injection with documentation of a six to eight week response of 50% reduction of pain and associated reduction of medication usage. The second procedure performed within one month of the initial procedure, in and of itself, cannot be supported.