

<b>Case Number:</b>	CM13-0049478		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/07/2008
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Maryland, Oklahoma and Texas. 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 52-year-old male who reported an injury on 02/05/2013, 05/07/2008, and 06/01/2011. The mechanism of injury was not submitted. The patient was diagnosed with cervical discogenic syndrome, lumbar discogenic syndrome, muscle spasm, cervical radiculopathy, cervical nerve root compression, hypertension, diabetes, insomnia, and fibromyalgia. The patient still complained of some pain and numbness in the right hand and arm, and has to shake it while he is working because of the numbness and tingling. The patient reported less numbness and tingling after the cervical epidural steroid injection. The patient stated that he had received a series of 3 cervical epidural steroid injections, which had been extremely beneficial in relieving much of his neck pain and stiffness. Overall, the patient felt that his neck had improved since previous visit, but claimed that he had developed numbness in the right hand and forearm over the previous 6 to 12 months. The patient reported that the pain in his upper and mid back had resolved in the past couple of years. With respect to his lower back, he felt that his symptoms were mostly unchanged from the previous symptoms. Physical examination of the cervical spine revealed some discomfort with deep palpation about the paraspinous region bilaterally. The patient also had some decreased range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Third bilateral cervical Epidural Steroid Injection, C4-C5 with anesthesia:**  
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:** Chronic Pain Medical Treatment Guidelines, states 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. 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. The patient continued to complain of cervical spine pain and had some decreased range of motion and tenderness. The patient also reported he had received 2 cervical epidural steroid injections and 1 lumbar epidural steroid injection. The guidelines state current research does not support "a series of 3" injections in either the diagnostic or therapeutic phase. The guidelines recommend no more than 2 epidural steroid injections. Also, the documentation does not indicate the level of pain reduction the patient had or if the patient is participating in active treatment modalities. Given the lack of documentation to support the guideline criteria, the request is noncertified.