

<b>Case Number:</b>	CM13-0050316		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/04/2005
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Occupational Medicine 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 applicant is represented [REDACTED] employee who has filed a claim for chronic shoulder pain, myofascial pain syndrome, carpal tunnel syndrome, wrist pain, and neck pain reportedly associated with an industrial injury of October 4, 2005. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, earlier carpal tunnel release surgery, earlier cervical fusion surgery at C5-C6, a 24% psychiatric impairment rating, a 26% medical impairment rating, and extensive periods of time off of work. In a utilization review report of October 31, 2013, the claims administrator denied a request for a cervical epidural steroid injection, stating that there was inadequate evidence of any active radicular process or radiculopathy on or around the date of the request. The applicant's attorney subsequently appealed. A handwritten clinical progress note of September 13, 2013 is difficult to follow, notable for ongoing complaints of neck and shoulder pain radiating to the right arm. The applicant is status post anterior cervical discectomy and fusion surgery. Rotator cuff test is scored at 4/5. It is unclear whether this is a function the applicant's shoulder issues or cervical spine issues. Authorization for an epidural steroid injection is sought at the C4-C5 level. In an earlier note of December 5, 2012, the attending provider writes that the applicant is receiving cervical epidural steroid injections as needed for radicular complaints. The applicant medications list includes Percocet, Soma, Wellbutrin, and Vistaril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural Steroid Injection Page(s): 46.

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

**Decision rationale:** The request in question represents a repeat block. As noted on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat block should be predicated on evidence of functional improvement and reduced pain scores with prior blocks. In this case, however, there has been no clear demonstration of functional improvement with prior blocks. The applicant is off of work. The applicant remains highly reliant on various analgesics, adjuvant, and psychotropic medications, including Percocet, Vistaril, Wellbutrin, Norco, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite prior unspecified numbers of cervical epidural steroid injections. Accordingly, the request is not certified, on independent medical review.