

<b>Case Number:</b>	CM13-0052894		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/26/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 37 YO female with date of injury 07/26/11. The listed diagnoses by [REDACTED] dated 10/11/13 are: 1. Brachial Neuritis or radiculitis 2. Spinal stenosis in cervical region According to progress report dated 10/11/13 by [REDACTED] the patient complains of neck and back pain. She describes her pain as sharp, dull, and stabbing. Her current pain level is 7/10. She has utilized acupuncture and physical therapy with no relief but chiropractic therapy seems to deliver better results. She reports numbness, tingling and weakness. The pain radiates from the neck bilaterally goes down the right arm all the way down to the fingers. Despite conservative treatments, she reports ongoing pain. She now states that the pain is starting to affect the left arm as well. Objective findings show limited neck motion bilaterally and moderate pain with extension. Spurling's test is negative. Right lateral rotation and flexion increases pain in the right neck area. Normal movement of all extremities. Negative for straight leg raise bilaterally. Sensation is grossly intact. MRI dated 02/06/13, show a 5mm disc protrusion and moderate central canal narrowing as well as bilateral moderate to severe neural foraminal narrowing at C5-6. There is a 4 to 5 mm disc protrusion and moderate central canal narrowing as well as moderate bilateral neural foraminal narrowing at C6-7. The treater is requesting 3 cervical epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Injections x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46-47.

**Decision rationale:** This patient presents with chronic neck and back pain. The patient has not improved with conservative care and symptoms are radiating down the arms. MRI from 2/6/13 showed disc herniations at C5-6 and C6-7 and the treater has requested a series of 3 Cervical ESI's. MTUS guidelines pages 46-47 states "Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." In this case, the request for 3 ESI is not supported for diagnostic or therapeutic purposes by MTUS. Therefore, recommendation is for denial.