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| <b>Case Number:</b>   | CM13-0055086 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 08/17/2012 |
| <b>Decision Date:</b> | 03/18/2014   | <b>UR Denial Date:</b>       | 10/31/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/20/2013 |

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medication; 24 sessions of chiropractic manipulative therapy; muscle relaxant; lumbar epidural steroid injection therapy in May 2013; cervical epidural steroid injection therapy in September 2013; unspecified amounts of acupuncture; and electrodiagnostic testing of cervical spine of upper extremities of February 20, 2013, interpreted as negative. In a Utilization Review Report of October 31, 2013, the claims administrator denied a request for a cervical epidural steroid injection. The applicant's attorney subsequently appealed. The applicant continued to receive various treatments over the claim, including acupuncture on December 13, 2013. On January 23, 2014, the applicant was given a 50-pound lifting limitation at work. In a clinical progress note of October 28, 2013, the applicant stated that he believes that an earlier cervical epidural steroid injection diminished his neck and arm pain significantly. The applicant did have diminished sensorium about the C7 distribution with upper extremity that ranges from 4+ to 5-/5. MRI imaging of the cervical spine of October 2012 is notable for spinal cord compression at C6-C7 as a result of disk herniation. A repeat epidural steroid injection was sought. The 50-pound lifting limitation was again renewed. In a questionnaire dated October 28, 2013, the applicant acknowledged that he is off work and last work apparently in October 2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A repeat interlaminar epidural steroid injection at C6-C7: 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 Page(s): 46.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the primary criteria for pursuit of repeat cervical epidural steroid injections is evidence of functional improvement with prior blocks. In this case, however, the patient has failed to effect any lasting benefit or functional improvement through prior blocks. The patient is off of work. His work restrictions are not accommodated. His work restrictions remain in place, unchanged, from visit to visit. He remains highly reliant on medications, medical treatment, acupuncture, manipulative therapy, etc., all of the above, taken together, imply a lack of functional improvement as defined in the Chronic Pain Medical Treatment Guidelines despite prior cervical epidural steroid injection therapy. The request for a repeat interlaminar epidural steroid injection at C6-C7 is not medically necessary or appropriate.