

<b>Case Number:</b>	CM13-0066187		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old female with a 12/11/09 date of injury. At the of request for authorization for one (1) outpatient cervical epidural injection at doctor's surgery center, there is documentation of subjective (feeling a bit better , mild discomfort, random throbbing pain in C/S) and objective (positive triggers) findings, current diagnoses (brachial neuritis/radiculitis, displacement cervical intervertebral disc, cervicobrachial syndrome), and treatment to date (activity modification, CESI (1/7/13, with reported 60% response), PT, and medications). There is no documentation that pain relief from prior CESI lasted for at least six to eight weeks, decreased need for pain medications, and functional response.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE (1) OUTPATIENT CERVICAL EPIDURAL INJECTION AT DOCTOR'S SURGERY CENTER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

**Decision rationale:** MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis/radiculitis, displacement cervical intervertebral disc, cervicobrachial syndrome. In addition, there is documentation of a previous CESI with reported 60% response. However, there is no documentation that pain relief from prior CESI lasted for at least six to eight weeks, decreased need for pain medications, and functional response. Therefore, based on guidelines and a review of the evidence, the request for one (1) outpatient cervical epidural injection at doctor's surgery center is not medically necessary.