

<b>Case Number:</b>	CM13-0066869		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/01/1999
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Florida. 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 patient is a 49-year-old who reported an injury on January 1, 1999 due to cumulative trauma while performing normal job duties. The patient's treatment history included multiple medications, physical therapy, and an epidural steroid injection. The patient's most recent cervical epidural steroid injection was in March of 2012, which provided the patient with 50% to 70% pain relief for up to six months. The patient was evaluated on September 25, 2013 and it was documented that the patient had restricted cervical range of motion with decreased sensation in the bilateral C6 dermatomes. The patient had 5/5 strength of the bilateral upper extremities and depressed reflexes in the brachioradialis. A treatment recommendation was made for an epidural catheterization between September 25, 2013, and February 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE RIGHT C5-C6 SELECTIVE EPIDURAL CATERIZATION:** Overturned

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

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

**Decision rationale:** The 1 right C5-6 selective epidural catheterization between September 25, 2013 and February 11, 2014 is medically necessary and appropriate. California Medical Treatment Utilization Schedule recommends repeat epidural steroid injections for patients who have cervical radiculopathy and have had at least 50% pain relief for six to eight weeks with documentation of functional improvement as a result of the previous injection. The clinical documentation submitted for review does provide evidence that the patient had at least 70% pain relief from the injection in March of 2012, for approximately six months and it was also noted that the patient was able to reduce her medications and had full cervical spinal range of motion restored. As the patient did receive significant pain relief and functional benefit from the previous epidural steroid injections, an additional steroid injection at that level would be supported. The request for one right C5-C6 selective epidural caterization is medically necessary and appropriate.