

<b>Case Number:</b>	CM13-0066984		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/11/2013
<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 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 patient is an employee of the [REDACTED] and has submitted a claim for neck pain associated with an industrial injury sustained on September 1, 2011. Treatment to date has included Tylenol #3, 2-3 times a day; physical therapy; cervical spine traction; and home exercises. The patient also underwent two transfacet epidural steroid injections at the left C5-C6 and C6-C7, the first of which was done on November 2012 and provided >40% pain relief for four months, while the second was done on July 19, 2013 and provided 40% pain relief for two days. Medical records from 2012-2013 were reviewed, which showed that the patient complained of neck pain that was relieved by the second left C5-6 and C6-7 epidural injection; however, pain has increased since then, but remained below pre-injection level. On physical examination, there was tenderness in the cervical paraspinal and trapezius areas. There was also mild spasm noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THIRD LEFT C5-C6 AND C6-C7 TRANSFACET EPIDURAL STEROID INJECTION:**  
Upheld

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

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

**Decision rationale:** According to page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are supported for patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for 6-8 weeks was observed following the previous injection. In this case, the patient previously had two epidural steroid injections, both of which provided only 40% pain relief, and the second injection provided benefit for two days only. In addition, there were no signs of radiculopathy on physical examination. There was also no available imaging or electrodiagnostic studies to corroborate findings of radiculopathy. The criteria have not been met; therefore, the request is not medically necessary.