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| <b>Case Number:</b>   | CM13-0068526 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 06/03/2009 |
| <b>Decision Date:</b> | 06/20/2014   | <b>UR Denial Date:</b>       | 11/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/19/2013 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 injured worker is a 50-year-old female who reported injury on 06/03/2009. The mechanism of injury was cumulative trauma. The documentation of 09/12/2013 revealed the injured worker underwent a cervical epidural injection in 06/2011 and 11/2011. The documentation indicated the injured worker had 6 weeks of more than 50% improvement of pain, and a reduction of pain medication for the 06/2011 injection. The documentation indicated the injured worker had 4 months of more than 50% improvement and was able to reduce her Vicodin intake down to 1 tablet per day as of the 11/2011 injection. The documentation of 10/24/2013 was a Request for Authorization for Treatment. Examination of the injured worker's cervical spine showed decreased flexion and pain with range of motion. The diagnosis included strain/sprain and enthesopathy of the cervical/thoracic spine and associated musculoligamentous structures. Treatment that was indicated, per the Agreed Medical Examination, indicated the injured worker was a candidate for pain treatment, including a trial of cervical and/or lumbar epidural steroid injections on an ongoing basis. It was indicated the injured worker remained in need of cervical epidural steroid injections at this time and may require injections twice a year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL ESI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MANAGEMENT GUIDELINES, EPIDURAL STEROID INJECTIONS, 46.

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

**Decision rationale:** The California MTUS Guidelines recommend a repeat epidural steroid injection when there is objective documented pain relief and objective functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker had undergone 2 prior cervical epidural steroid injections with 50% improvement of pain and an elimination of medications with the first injection and a decrease of medications with the second injection. However, the request as submitted failed to indicate the level(s) for the requested service. Given the above, the request for cervical epidural steroid injection is not medically necessary and appropriate.