

<b>Case Number:</b>	CM14-0000428		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	02/12/1996
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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, 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 a 50-year-old with a date of injury of February 12, 2006. The listed diagnosis per [REDACTED] is cervicalgia. The medical file includes one letter by [REDACTED] that is dated after the utilization review December 18, 2013. According to [REDACTED] letter, the patient presents with complex regional pain syndrome, cervical ankylosis with degenerative disk disease, thoracic ankylosis and kyphosis, left shoulder ankylosis, opiate pain management, spinal cord stimulation pain management, and pain-induced depression. This report provides a review of records which indicates on August 5, 2013, patient underwent a transforaminal ESI to the left C5-C6 which reduced the pain by over 50%. It was noted in the subsequent months pain had gradually returned. It was noted that "cervical pain was not examined today at her request due to her pain and cervical rigidity." Treater argues that [REDACTED] in his AME report from 2012 recommended continued pain management care monthly for 4 years for flares as allowance for 3 epidural steroid injection as an adjunct for pain control and possible surgical treatments. The treater is requesting reconsideration for 1 repeat cervical epidural injection to C5-C6. Utilization review denied the request on December 18, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 REPEAT CERVICAL TRANSFORAMINAL EPIDURAL STEROID INJECTION AT C5-C6 (UNSPECIFIED LATERALITY), AS AN OUTPATIENT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, NECK AND UPPER BACK COMPLAINTS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. The Medical Treatment Utilization Schedule has the fo.

**Decision rationale:** This patient presents with chronic neck pain. The medical records indicate the patient received a Cervical Epidural Injection in August 2013. The treater in his appeal letter December 27, 2013 reported that the patient received 50% or more pain relief from this injection and requests a repeat injection. The medical file provided for review only provides one letter dated after the UR. There are no progress reports, operative report or imaging studies. The Chronic Pain Medical Treatment Guidelines states, "Recommended as an option for treatment of radicular pain." For repeat injections during therapeutic phase, "Continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for six to eight weeks with a general recommendation of no more than four blocks per year". Although the treater states 50% pain relief from prior injection, there is no documentation of reduction of medication. There is no evidence of a clear radiculopathy either. The listed diagnosis do not include radiculopathy and only describes degenerated C-spine. There are no dermatomal distribution of pain but the patient is noted to suffer from CRPS. ESI's are not indicated for CRPS. The request for one repeat cervical transforaminal ESI at C5-C6, as an outpatient, is not medically necessary or appropriate.