

<b>Case Number:</b>	CM14-0000911		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	04/06/2012
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	12/24/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 physician 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 claimant is a 55 year old female with a history of tobacco abuse and a prior injury date listed as April 6, 2012. The records suggest a history of neck pain and indicate the claimant received a previous cervical injection, specifically the records indicate the claimant received a prior injection on June 17, 2013. The records clarify the injection "did not help her neck at all." The claimant is reported to have pain and numbness in the left arm, the location is not specified in any specific dermatomal pattern. Objectively the examination is reported to show intact motor function. Later records further clarify that the June 17, 2013 injection was the third of a series of three cervical epidural injections. A request has been made for a repeat cervical epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection with Fluoroscopy:** Upheld

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

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

**Decision rationale:** Repeat cervical epidural injection cannot be recommended as medically necessary. The evidence based guidelines would not generally allow for repeat epidural injection unless claimant's have improvement of at least 50% to 70 % for 4 to 6 weeks after a prior injection. This claimant had no improvement after the last injection. In addition, the guidelines typically require focal radicular symptoms with objective evidence of radiculopathy on examination. The claimant has neither. Overall the claimant does not meet appropriate evidence based guidelines for cervical epidural injection according to the records reviewed.