

<b>Case Number:</b>	CM14-0100459		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Occupational Medicine 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:

Injured worker is a male with date of injury 3/1/2010. Per orthopedic consult report dated 5/30/2014, the injured worker complains of recurring cervical flare ups. He complains of neck pain to left shoulder blade. He denies upper extremity symptoms include no weakness, numbness and tingling. He does not take pain medication, and wishes to have another injection. On examination he has normal gait, full active range of motion in the cervical spine and shoulders. There is no tenderness to palpation along paraspinal muscles and trapezius. Motor strength is 5/5 in the upper extremities. Sensory is intact and symmetric in the upper extremities. Special tests are negative. MRI from 5/7/2014 shows slight reversal of normal cervical lordosis centered at C4. There is small central disc protrusion at C3-4 resulting in slight anterior cord impingement. There is persistent mild to moderate left anterior C4-5 and slight right anterior C5-6 cord impingement due to disc/osteophyte complex. Persistent impingement of exiting left C7 nerve root due to far left paracentral disc protrusion and osteophytes at C6-7. Persistent multilevel neuroforaminal stenosis remaining most severe on right at C5-6 and left at C6-7. Diagnoses include 1) cervical stenosis 2) degenerative disc disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Bilateral C7-T1 Cesi to be done at [REDACTED] by [REDACTED]**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's).

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

**Decision rationale:** The injured worker reports neck pain with radiation to the left shoulder blade, and denies any neurological symptoms and he takes no pain medications. On examination there are no positive findings, and no neurological deficits noted. This is a repeat injection, and the injured worker reports that he did well with it previously, but there is no indication of amount of pain reduction, increased function, and duration of relief. The current examination doesn't identify any functional limitations or need for pain management. The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as a treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Most current guidelines recommend no more than two ESIs. A second ESI may be recommended if there is proof of partial success with the first injection, defined as 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 region per year. A third ESI is rarely recommended. Medical necessity for this request has not been established within the criteria established in the MTUS Guidelines. The request for Repeat Bilateral C7-T1 Cesi to Be Done at [REDACTED] by [REDACTED] determined to not be medically necessary.