

<b>Case Number:</b>	CM14-0101022		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/01/2001
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/19/2014
<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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 53-year-old female who reported an injury on 03/01/2001. The mechanism of injury was not provided. The injured worker's medications included Lidoderm 5% patches, Lyrica 50 mg capsules, Cymbalta 20 mg capsules, Norco 7.5/325 mg tablets, trazodone 50 mg tablets, and clonazepam 0.5 mg tablets. The injured worker had an MRI of the cervical spine on 12/27/2011 and an EMG/NCV on 12/07/2011. The surgical history was not provided. The documentation of 06/02/2014 revealed the injured worker had neck pain radiating down the bilateral extremities accompanied by numbness in the bilateral upper extremities. The injured worker had a transforaminal epidural steroid injection on the cervical region on 11/15/2013 with a good response at reducing the pain by greater than 50% for 3 months with an improvement in function. The examination revealed the injured worker had spinal vertebral tenderness in the cervical spine at C4-7 and myofascial trigger points in the right trapezius muscle. The range of motion of the cervical spine was moderately limited due to pain. The motor examination revealed decreased strength in the extensor muscles bilaterally. The diagnoses included chronic pain, cervical radiculitis, and cervical radiculopathy. The treatment plan included cervical epidural steroid injection at the bilateral C4 through C6. There was no DWC form RFA submitted for the requested interventions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection at the bilateral C4-C5: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend repeat epidural steroid injections are appropriate when there is documented objective pain relief including at least 50% pain relief with an associated medication reduction for 6 to 8 weeks and documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had 50% pain reduction for 3 months with improved function. However, there was a lack of documentation indicating an objective decrease in medications, and documentation of objective improvement in function. Given the above, the request for cervical epidural steroid injection at the bilateral C4-5 is not medically necessary.

**Cervical epidural steroid injection at the bilateral C5-C6:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend repeat epidural steroid injections are appropriate when there is documented objective pain relief including at least 50% pain relief with an associated medication reduction for 6 to 8 weeks and documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had 50% pain reduction for 3 months with improved function. However, there was a lack of documentation indicating an objective decrease in medications, and documentation of objective improvement in function. Given the above, the request for cervical epidural steroid injection at the bilateral C5-6 is not medically necessary.