

<b>Case Number:</b>	CM14-0010038		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/26/2010
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Medicine, 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 57-year-old female who reported injury on 8/26/10. The documentation indicated that the injured worker underwent acupuncture, physical therapy, and a home exercise program as well as a TENS unit. The clinical documentation indicated the injured worker had a cervical epidural steroid injection on 6/6/13 providing six weeks of relief. The mechanism of injury was a shelf falling on her head and shoulders. The injured worker lost consciousness. The documentation from 10/26/13 revealed that the injured worker reported 70% improvement from the cervical epidural steroid injection with six weeks of relief. The pain level was 5-6/10 at the examination date, and was 5/10 prior to the cervical epidural steroid injection. The documentation indicated that the injured worker had increased thoughts of suicide after the last cervical epidural steroid injection, but denied a plan or thoughts of cutting on the date of the examination. The injured worker indicated she would not consider epidural steroid injections as it was not worth the risk. The documentation of 12/4/13 indicated that the injured worker had tenderness to palpation over the right cervical facets, left cervical facets, and bilateral mid paravertebral spasms, as well as bilateral lower paravertebral spasms and trapezius spasms. The range of motion was decreased. The diagnosis included cervicalgia and postlaminectomy syndrome of the cervical region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CATHETER DIRECTED CERVICAL EPIDURAL STEROID INJECTION @ RIGHT C3 AND C4:** 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 when there is documented objective pain relief, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks and documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had 70% relief for six weeks; however, there was a lack of documentation of objective functional improvement and an associated medication reduction. Additionally, it was indicated the injured worker had suicidal thoughts with the injection. The clinical documentation indicated the injured worker did not want to undergo further epidural steroid injections. There was no DWC Form RFA nor PR-2 submitted for the requested procedure. As such, the request is not medically necessary.