

<b>Case Number:</b>	CM14-0012266		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/09/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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:

The patient is a 60-year-old female who has submitted a claim for cervical facet dysfunction, back sprain/strain, cervical degenerative disc disease, muscle spasms, headache with vertigo and visual issues, post concussion syndrome, TMJ dysfunction, and anxiety disorder associated with an industrial injury date of November 9, 2011. Medical records from 2013-2014 were reviewed. The patient complained of chronic neck pain, grade 7/10 in severity. It was characterized as sharp, nagging, numbing, aching, stabbing, dull and exhausting, which was constant and sudden in onset. There was associated numbness, weakness, suicidal thoughts, balance problems, fatigue, poor sleep, and nausea. The neck pain was radiated to the left side with numbness and tingling of the left hand. Physical examination showed tenderness and spasms on the cervical paraspinous muscle and trapezius muscle, with left greater than the right. There was also tenderness to the facet joints multilevel to facet loading bilaterally, left greater than the right. There was also tenderness on the bilateral posterior occipital region. There was limited range of motion of the cervical spine. Motor strength and sensation was intact. MRI of the cervical spine, dated May 20, 2013, revealed mild cervical spondylosis resulting in mild spinal stenosis at C5-C6, and left C3-C4 and C5-C6 neural foraminal narrowing. The treatment to date has included medications, activity modification, and cervical epidural steroid injection. Utilization review, dated January 27, 2014, denied the request for epidural steroid injection, cervical spine qty: 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EPIDURAL STEROID INJECTION (ESI) CERVICAL SPINE: Upheld**

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

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

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, repeat epidural steroid injections should be based on 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 4 blocks per region per year. In this case, the patient has received a previous cervical epidural steroid injection on January 3, 2014. The most recent progress report, dated January 20, 2014, stated that the epidural injection did not give significant reduction in her pain. There was no documentation regarding objective evidence of functional improvement regarding the epidural steroid injections. There was also failure to exhibit any evidence of improved performance of activities of daily living and there was no associated reduction of medication intake from the treatment. The rationale for the present request was not provided. Moreover, the laterality for injection was not specified. Therefore, the request for epidural steroid injection (ESI) cervical spine is not medically necessary.