

<b>Case Number:</b>	CM14-0019656		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	10/26/2012
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 & Rehabilitation 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 injured worker is a 33 year old female who reported a cumulative trauma injury on 10/26/2012. Per the 01/07/2014 clinical note, the injured worker reported cervical, thoracic, and lumbar spine pain with myospasms rated at 8/10. Physical exam findings included 2+ tenderness to palpation over C2-4 and sensory loss in both hands. Cervical spine range of motion was noted at 50 degrees of flexion, 60 degrees of extension, 20 degrees of bilateral rotation, and 40 degrees of right and left lateral flexion. Cervical compression and Kemp's tests were positive bilaterally. Motor strength of the upper and lower extremities was 4/5 bilaterally. The injured worker's triceps and patellar reflexes were diminished bilaterally. The injured worker's diagnoses included myofascitis/spasm, anxiety, insomnia, cervical and lumbar spine disc syndrome, and pain in the shoulders, cervical, thoracic, and lumbar spine. An MRI of the cervical spine performed on 12/22/2013 showed disc protrusion at C3-4 and C6-7 with disc extrusion at C4-5 and C5-6. The injured worker was recommended for a second cervical epidural steroid injection. The request for authorization form was not present in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2ND CERVICAL EPIDURAL STEROID INJECTION:** Upheld

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

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

**Decision rationale:** The request for 2nd cervical epidural steroid injection is not medically necessary. The CA MTUS guidelines state the following criteria for the use of epidural steroid injections: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; pain must be initially unresponsive to conservative treatment; injections should be performed using fluoroscopy for guidance; and repeat blocks 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. The medical records provided do not indicate the injured worker has a diagnosis of radiculopathy. It is unclear if the injured worker has failed conservative care. Also, the submitted request is for a repeat injection. There is lack of documentation concerning the first injection; therefore, it is unclear if the injured worker experienced significant pain relief or functional improvement to warrant a repeat injection. In addition, the submitted request does not specify the level to be injected or that fluoroscopy will be used. As such, the request is not medically necessary.