

<b>Case Number:</b>	CM14-0111803		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/03/2000
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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:

This patient is a 53 y/o female who has developed chronic cervcial and upper extremity pain subsequent to an injury dated 1/3/2000. She has been treated with a C4-5, C5-6 discectomy anterior fusion in 2001. She has had a intrathecal pump placed in 2005 which is delivers Dilaudid and Baclofen. She has also had mutiple upper extremity surgeries for nerve entrapments. Her diagnosis includes CRPS involving the upper extremities. Recent x-rays revealed retrolisthesis above the fusion and significant degenerative changes below the fusion. Diffuse sensory loss was noted bilaterally at several dermatomes. A 2 level interlaminar injection was requested primarily for diagnostic puposes and secondarily for theraputic puposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C3-4 interlaminar epidural steroid injection staggered 30 min apart on the same day:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 382-383.

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

**Decision rationale:** MTUS Guidelines are very specific with the recommendation that only 1 interlaminar injection be performed per session of injection. The request for 2 injections at the same setting is not consistent with Guidelines. There is good reason for this recommendation given the high incidence of a short term placebo effects associated with injections. Without adequate time between the injections it would be difficult to objectively establish the accuracy of the individual diagnostic injections. There are no unusual circumstances to justify an exception to the Guideline recommendations. The request for the 2 level interlaminar is not medically necessary.

**C6-7 interlaminar epidural steroid injection staggered 30 min apart on the same day:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 382-383.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections.

**Decision rationale:** MTUS Guidelines are very specific with the recommendation that only 1 interlaminar injection be performed per session of injection. The request for 2 injections at the same setting is not consistent with Guidelines. There is good reason for this recommendation given the high incidence of a short term placebo effects associated with injections. Without at least a few days separation between the injections it would be difficult to objectively establish the accuracy of the individual diagnostic injections. There are no unusual circumstances to justify an exception to the Guideline recommendations. The request for the 2 level interlaminar is not medically necessary.