

<b>Case Number:</b>	CM14-0128065		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	07/21/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 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 underlying date of injury in this case is 07/21/2011. The date of the utilization review under appeal is 07/08/2014. The treating diagnoses include cervical radiculopathy, tennis elbow, and carpal tunnel syndrome. On 07/07/2014, the patient was seen in treating physician follow-up with pain in the left side of the neck and arm. The patient describes the pain as 7/10 and worse with lying flat or with lifting or with movement. The patient was noted to have weakness of the left hand grip as well as hypoesthesia on the dorsum of both hands. A C5-C6 epidural injection was requested. On 02/24/2014 the treating physician notes that the patient had been status post two cervical epidural injections, the last of which reduced the patient's neck by about 50%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One repeat cervical epidural steroid injection Left C5, C6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, page 46, state that repeat blocks should be

based on continued objective documented pain and functional improvement. In this case, the medical records discuss pain reduction from prior epidural injection treatment. However, the specific functional benefit of past treatment is not apparent or not documented. At this time the guidelines have not been met. This request is not medically necessary.