

<b>Case Number:</b>	CM14-0136402		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Management 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 is a patient with a date of injury of 9/15/11. A utilization review determination dated 8/7/14 recommends non-certification of 2nd transfacet CESI left C5-6. The reviewer noted that, in teleconference with the provider's PA (Physician Assistant), 70% relief was noted after the 1st procedure, but the PA did not have access to any imaging report. A positive Spurling's maneuver and frank motor weakness were noted. 70% relief was noted to be for two weeks. 8/14/14 medical report identifies cervical pain 8/10 radiating to the left shoulder and to the fingertips with weakness, numbness, and tingling. On exam, there is tenderness with trace axial head compression and positive Spurling's on the left. There is facet tenderness and decreased ROM (Range of Motion), as well as decreased sensation along the C6 dermatome. Elbow flexors and extensors are 4/5 on the left. The cervical ESI (epidural steroid injection) was recommended and appealed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second transfacet CESI (cervical epidural steroid injection) left C5-6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

**Decision rationale:** Regarding the request for second transfacet CESI (cervical epidural steroid injection) left C5-6, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, the patient previously underwent CESI with 70% relief for two weeks. There is no indication of significant functional improvement and decreased medication use. Furthermore, the duration of relief was noted to be less than the six weeks recommended by the CA MTUS. In light of the above issues, the currently requested second transfacet CESI (cervical epidural steroid injection) left C5-6 is not medically necessary.