

<b>Case Number:</b>	CM14-0159142		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	09/29/2009
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 49 year old male with a date of injury on 9/29/2009. Subjective complaints are of ongoing neck and low back pain. There are complaints of spasm in the neck and back, with shooting pain from the low back into the legs. Physical exam shows an antalgic gait and reduced cervical range of motion. There is reduced sensation in bilateral C5 dermatomes, and upper bilateral upper extremity strength was 4/5. Prior treatment included TENS unit, acupuncture, physical therapy, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Interlaminar Epidural Injection at C3-4 and C4-5 Cervical Spine 1x2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AMA Guides (Radiculopathy) Page(s): 46.

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

**Decision rationale:** CA MTUS notes that the purpose of epidural steroid injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. For therapeutic injections, repeat blocks should be based

on continued objective pain relief and functional improvement, including at least 50% improvement for 6 to 8 weeks. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient, the request is for two injections, of which improvement from the first injection would need to be documented before proceeding with additional injections. Therefore, the medical necessity of an epidural steroid injection is not established at this time.