

<b>Case Number:</b>	CM14-0172732		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/14/2008
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 54 year old with an injury date on 6/14/08. Patient complains of pain in his upper extremities, left > right per 9/8/14 report. Patient has no changes in bowel or bladder function, but recently overcame pneumonia per 9/8/14 report. Based on the 9/8/14 progress report provided by [REDACTED] the diagnoses are: displacement of cervical intervertebral disc without myelopathy and intervertebral disc disorder with; my cervical region. Exam on 9/8/14 showed "mildly decreased C-spine range of motion in all planes. Dysesthesias into left and right upper extremities." Patient's treatment history includes [REDACTED] is requesting injection - steroid repeat left sided C6-7 transforaminal epidural injection. The utilization review determination being challenged is dated 9/24/14. [REDACTED] is the requesting provider, and he provided treatment reports from 5/5/14 to 9/8/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection-Steroid Repeat Left Sided C6-7 Transforaminal Epidural Injection:** Upheld

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

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

**Decision rationale:** This patient presents with pain in bilateral upper extremities. The provider has asked for injection - steroid repeat left sided C6-7 transforaminal epidural injection on 9/8/14. Patient had a cervical epidural steroid injection at C6-7 on 5/27/14, and reported ability to function longer before developing spasms and pain per 6/13/14 report. Patient's pain was returning especially during increased activity but not to pre-injection level on 7/23/14 report. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to 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. MTUS also states that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case, patient reported significant benefit from prior epidural steroid injection, but the amount of pain relief was not quantified. Duration of relief appears to have been brief and less than 6 weeks required per MTUS. No medication reduction was documented. MTUS guidelines state that at least 50% pain relief with reduction of medication use is necessary for a repeat injection. Therefore, this request is not medically necessary.