

<b>Case Number:</b>	CM14-0035647		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/25/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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:

The applicant is a [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with a cumulative trauma at work between the dates of September 25, 2011 through September 25, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy and chiropractic manipulative therapy. In a June 12, 2014 progress note, the applicant was described as having persistent complaints of neck pain with associated upper extremity paresthesias. The applicant was placed off of work, on total temporary disability. Topical compounded creams and urine drug screening were sought. On April 24, 2014, the applicant was given a primary diagnosis of cervical radiculopathy. The applicant's neurosurgeon suggested that the applicant undergo an anterior cervical discectomy and fusion surgery along with postoperative physical therapy. In an earlier progress note of March 27, 2014, the applicant again presented with persistent complaints of neck pain. The attending provider sought authorization for what he stated was a second epidural steroid injection following an earlier epidural injection in October 2013. The applicant presented with worsening upper extremity radicular complaints. The applicant was on Norco, Neurontin, Fexmid, Paxil, and Xanax. The applicant reportedly had evidence of an electrodiagnostically confirmed cervical radiculopathy at C6-C7, the attending provider wrote. The applicant was given trigger point injections in the clinic setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines, (Neck & Upper Back Chapter), Criteria for the Use of Epidural Steroid Injections; AMA guides, Radiculopathy.

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

**Decision rationale:** The request in question does represent a repeat cervical epidural steroid injection. As noted on Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, a pursuit of repeat block should be predicated on evidence of functional improvement and lasting pain relief with earlier blocks. In this case, however, the applicant remained off of work, on total temporary disability, despite the earlier cervical epidural steroid injection in October 2013. The applicant remained reliant on various and sundry analgesic and adjuvant medications such as Neurontin, Norco, Fexmid, etc. several months after the earlier epidural injection in October 2013. All of the above, taken together, implies a lack of functional improvement as defined in MTUS Guidelines despite one earlier cervical epidural steroid injection. Therefore, the request for a repeat epidural steroid injection is not medically necessary.