

<b>Case Number:</b>	CM14-0048181		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Illinois. 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 injured worker is a 58 year old female who reported an injury on 04/21/2010. The mechanism of injury was not provided in the medical records. Her diagnoses include multilevel herniated nucleus pulposus of the lumbar spine, cervical stenosis, and cervical radiculopathy. Her past treatments were noted to include cervical epidural steroid injections at the C5-C6 and C6-C7 level on 12/18/2013. At her follow-up visit on 01/02/2014, the injured worker reported significant improvement in her right upper extremity and neck pain following the injection. The treatment plan included a repeat epidural steroid injection due to her positive response from the first epidural. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-C6, C6-C7 Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

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

**Decision rationale:** According to the MTUS Chronic Pan Guidelines, repeat epidural steroid injections are not recommended unless documentation shows continued objective improvement

with at least 50% relief of symptoms and reduction of medication use for at least 6 to 8 weeks following previous injection. Additionally, the Guidelines state that epidural steroid injections must be given using fluoroscopic guidance. The clinical information submitted for review indicated that the injured worker reported significant improvement after her epidural steroid injections on 12/18/2013; However, the documentation did not show that she had at least 50% pain relief, increased function and decreased medication use for at least 6 to 8 weeks. In the absence of these findings, a repeat epidural steroid injection is not supported by the MTUS Chronic Pain Guidelines. In addition, the request failed to indicate whether the injections would be given using fluoroscopic guidance. As such, the request is not medically necessary and appropriate.

**Follow up after C5-C6, C6-C7 Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline - Treatment in Worker's Compensation Pain Procedure Summary updated 03/18/2014.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.