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| <b>Case Number:</b>   | CM14-0049144 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 04/02/2012 |
| <b>Decision Date:</b> | 07/25/2014   | <b>UR Denial Date:</b>       | 03/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/26/2014 |

### 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 Interventional Spine 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 59 year old with an injury date on 3/30/12. Based on the 2/24/14 progress report provided by [REDACTED] the diagnoses are: 1. displacement of cervical intervertebral disc without myelopathy. 2. Cervical radiculopathy. 3. Lumbago. 4. Displacement of lumbar intervertebral disc without myelopathy. 5. Lumbar radiculopathy. 6. Left AC joint capsular hypertrophy. 7. Myalgia. Exam of C-spine on 2/24/14 showed "slightly limited range of motion especially right sided lateral tilt/flexion at 30/45 degrees. Normal sensory exam." [REDACTED] is requesting Therapeutic cervical epidural steroid injection bilateral C5-C6, C6-C7, times 4. The utilization review determination being challenged is dated 3/12/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/2/13 to 1/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic Cervical Epidural Steroid Injection Bilateral C5-6, C6-7 times 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

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

**Decision rationale:** 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. This patient presents with lower back pain and neck pain traveling to bilateral shoulders and left upper arm. The treater has asked Therapeutic cervical epidural steroid injection bilateral C5-C6, C6-C7, times 4 on 2/24/14. Patient received cervical epidural steroid injection bilateral at C4-C7 on 12/19/13. The 1/6/14 report states the injection reduced pain from 9 to 5, and restored function to neck but didn't affect arm pain. Patient received another epidural steroid injection bilaterally at C4-C7 on 1/21/14. The 1/27/14 report showed patient received relief 2 days after injection, reducing pain from 8 to 7, reducing arm pain by, but improving function only minimally. Regarding epidural steroid injections, in this case, the patient has shown minimal improvement from prior 2 diagnostic epidural steroid, with the most recent only giving 10% pain relief and minimal functional improvement. Due to a lack of improvement of 50% from prior injections as required by MTUS, another 4 therapeutic injections are not indicated at this time. MTUS also does not recommend series of injections. Finally, this patient does not present with a clear diagnosis of radiculopathy. The request for Therapeutic Cervical Epidural Steroid Injection Bilateral C5-6, C6-7 times 4 is not medically necessary.