

<b>Case Number:</b>	CM14-0057723		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/14/2006
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 57 year old male who reported a date of injury of 04/14/2006. The mechanism of injury was not indicated. The injured worker had diagnoses of degenerative disc disease and disc protrusions at C6-7 of the cervical spine, degenerative disc disease and spondylosis at T7-8, L2-3 and L3-4. Prior treatment included a C6 epidural steroid injection which was performed on 10/28/2013 and a selective C6-C7 epidural steroid injection which was performed on 03/03/2014. The injured worker had an unofficial cervical spine MRI which was performed on 07/11/2013. Surgeries included an anterior cervical discectomy and fusion at C5-6 and C6-7 on 09/14/2012. The injured worker had complaints of severe headaches and constant pain at the base of his neck that radiated down his left arm. The injured worker stated he had pain relief with the 10/28/2013 and 03/03/2014 injections but the relief from the injection in March only lasted 3 weeks. The clinical note dated 03/27/2014 noted the injured worker's range of motion showed 20 degrees of flexion, 15 degrees of extension, 30 degrees of right rotation, 40 degrees of left rotation and 15 degrees of lateral bending in the cervical spine. The injured worker had moderate to severe tenderness to palpation over the spinous process throughout the entire neck. The injured worker's upper extremities had trace deep tendon reflexes and his motor strength was 5/5 bilaterally. Medications included duragesic patches and Dilaudid. The plan of treatment was for an additional steroid injection and the continuation of medications. The rationale and request for authorization form were not provided within the medical records received.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Cervical Epidural Steroid Injection: Upheld**

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

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

**Decision rationale:** The request for an additional cervical epidural steroid injection is not medically necessary. The injured worker had complaints of constant pain at the base of his neck that radiated down his left arm. The injured worker stated he had pain relief with the 10/28/2013 and 03/03/2014 injections but the relief from the injection in March only lasted 3 weeks. The injured worker's upper extremities had trace deep tendon reflexes and his motor strength was 5/5 bilaterally. The California MTUS guidelines indicate epidural steroid injections are recommended as an option for treatment of radicular pain. The guidelines note in the therapeutic phase, repeat blocks should 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. There is lack of documentation the injured worker was utilizing a home exercise program in adjunct to the injections. The injured worker stated the 03/03/2014 injection only provided him with pain relief for 3 weeks. There is a lack of documentation which demonstrates the injured worker had 50% pain relief with associated reduction of medication use for six to eight weeks. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the prior injection. Additionally, the level of the requested injection is not indicated within the submitted request and there is no indication that the injection will be performed under fluoroscopic guidance. As such, the request is not medically necessary.