

<b>Case Number:</b>	CM14-0058452		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/17/2009
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 represented [REDACTED] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of June 17, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier multilevel cervical fusion surgery; and MRI imaging of cervical spine of October 18, 2013, notable for multilevel degenerative changes, neuro foraminal narrowing, and central canal stenosis. In a Utilization Review Report dated June 17, 2009, there was a request for one cervical epidural steroid injection at the C6-C7 level which was denied. In a March 21, 2014 progress note, the applicant reported persistent complaints of neck and low back pain, 5/10. The applicant stated that his neck pain was the more pressing of the two concerns. However, the applicant was status post an epidural steroid injection at C6-C7 on February 12th. The applicant stated that he got worse after the injection and did not note any pain relief from the same. The applicant was reportedly in the process of considering cervical fusion surgery, it was stated. The applicant's medication list included Tramadol, Flexeril, and LidoPro Cream. Left upper extremity strength was scored at 5-/5 with positive Spurling Maneuver on the left. The attending provider sought authorization for a posterior foraminotomy at C4-C5, C5-C6, and C6-C7 on the grounds that the applicant had failed conservative treatment with physical therapy and injections. Multiple medications were refilled. Work restrictions were endorsed, which the applicant's employer was apparently unable to accommodate. It appears that an earlier epidural steroid injection was performed on February 12, 2012 at the C6-C7 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 cervical interlaminar epidural steroid injection at the levels of C6-C7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request in question represents a repeat epidural steroid injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural block should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant had one prior epidural steroid injection at the level in question, C6-C7, on February 12, 2014. This was not successful, both the applicant and the attending provider concluded. The attending provider went on to request authorization for a multilevel posterior foraminotomy surgery on the grounds that the earlier epidural steroid injection was unsuccessful. Therefore, the request is not medically necessary.