

<b>Case Number:</b>	CM14-0065637		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/09/2011
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 55 year old male who was injured on 06/09/11 while lifting a heavy tire overhead. The injured worker complains of pain and stiffness in the cervical spine. The injured worker is diagnosed with cervical spondylosis with myelopathy and cervical disc disease. Of note, the injured worker is status post left cubital tunnel release on or about 10/07/13. The treatment for the injured worker's cervical complaints has included physical therapy and cervical epidural steroid injections (ESIs). The documents reveal a cervical ESI was performed on 03/11/13 enabled the injured worker to work full-time with full-duty following the injection. The clinical note dated 10/03/14 noted that the pain "is coming back after six months from the last ESI." A cervical ESI is requested and is performed on 11/11/13. Clinical note dated 11/19/14 notes the injured worker's pain had improved by 70% following the latest injection. Due to poor copy quality the physical examination on this date is largely omitted; however, range of motion of the cervical spine is noted to include 50 flexion, 60 extension, 45 left and right lateral flexion and 80 left and right rotation. Clinical note dated 04/24/14 states that due to persistent neck pain and radiculopathy an epidural steroid injection to the cervical spine is suggested. Physical examination of the cervical spine on this date reveals 30 flexion, 20 extension, 45 lateral bending to the left and to the right and 80 left and right rotation. Tenderness is noted upon palpation of the paracervical region. There are no imaging studies of the cervical spine submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Cervical Epidural Steroid Injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

**Decision rationale:** The records indicate the injured worker has received at least two cervical epidural steroid injections (ESIs) previously. California Medical Treatment Utilization Schedule supports the use of repeat ESIs when certain criteria are met. The submitted documentation indicates the injured worker experienced significant relief for a duration of six months following the 03/13 injection and was able to work full time on a full-duty status. A repeat ESI on 11/11/13 noted a 70% improvement in pain at a follow up appointment one week later. Clinical note dated 04/24/14, notes the return of pain. Physical examination on this date reveals a decrease in range of motion as compared to a physical examination closely following the latest injection. However, the level/laterality of the requested injection is not indicated nor was the previous injections indicated. There is no documentation of the duration of relief obtained after the second injection. Therefore, medical necessity of a cervical epidural steroid injection is not established.