

<b>Case Number:</b>	CM14-0068920		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/09/2001
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 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:

According to the records made available for review, this is a 62-year-old female with a 2/9/01 date of injury. At the time (5/8/14) of request for authorization for cervical epidural steroid injection at C7-T1, series of 3 injections, there is documentation of subjective (pain in the neck and upper back, pain radiation from neck to head) and objective (pericervical tenderness, positive axial compression, no sensory loss, weaker grip strength, thenar eminence atrophy, decreased right biceps reflex) findings, current diagnoses (degenerative disc disease cervical, neck pain), and treatment to date (physical therapy, medications, and cervical epidural steroid injections as a series of three (last injection four to five months ago, helped relieve headache by some 80-90%)). There is no documentation of decreased need for pain medications with previous epidural steroid injections and a rationale for a series of three injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection at C7-T1, series of 3 injections:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

**Decision rationale:** MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. In addition, ODG identifies that current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease cervical and neck pain. In addition, there is documentation of previous cervical epidural steroid injections with reported 80-90% pain relief for four to five months. However, there is no documentation of decreased need for pain medications with previous epidural steroid injections. In addition, there is no documentation of a rationale for a series of three injections. Therefore, based on guidelines and a review of the evidence, the request for cervical epidural steroid injection at C7-T1, series of 3 injections is not medically necessary.