

<b>Case Number:</b>	CM14-0082610		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/07/1995
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 & Rehabilitation and Pain 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 injured worker is a 50-year-old female who reported injury on 02/07/1995. The injured worker was noted to have an epidural steroid injection at C5-6 on 01/08/2013. The mechanism of injury was not provided. The injured worker was noted to undergo 2 cervical spinal surgeries including a fusion of C3 through C7. There was a detailed Request for Authorization submitted for review dated 02/11/2014. The documentation of 01/28/2014 revealed the injured worker had increasing neck pain and migraine headaches. The injured worker had muscle spasms. The injured worker was noted to be frustrated the epidural steroid injection was denied. The documentation indicated the injured worker underwent an epidural steroid injection on 08/27/2013 and had 30% improvement of her left sided symptoms. The injured worker was noted to undergo a C5-6 interlaminar epidural steroid injection on 01/08/2013 with 100% improvement of severe and tractable headaches with 60% improvement of neck and upper extremity pain for 4 to 5 months. The injured worker was noted to have completed physical therapy. The injured worker's medications were noted to include Percocet 10/325 mg 4 per day, Soma 4 times a day for muscle relaxation, meloxicam up to twice a day for anti-inflammatory effect and Ambien CR. The physical examination revealed the injured worker had 1+ muscle spasms and had decreased range of motion of the cervical spine. The injured worker had hypesthesia in the left greater than right C5 dermatomes. The reflex testing was 1+ on the right in the biceps and 0 to 1+ in the left, and the same findings were noted to be in the brachioradialis. The injured worker had decreased strength in the deltoid at 4/5 in the left and 4/5 to 5/5 in the right. The injured worker had extensor carpi radialis strength of 4/5 bilaterally. The injured worker had biceps and brachialis strength of 4/5 in the left and 4-/5 in the right. The diagnoses included cervical myofascial pain with chronic muscle spasm, and multilevel cervical degenerative disc disease status post 2 cervical spine surgeries with fusion from C3 through C7.

The treatment plan included a refill of the medications, a random urine drug screen, and a C5-6 interlaminar epidural steroid injection under fluoroscopic guidance. There was a Request for Authorization submitted to support the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Inject spine cerv/ thoracic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of an objective decrease in pain of 50% and associated medication reduction for 6 to 8 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had 100% resolution of the intractable headaches and up to 60% improvement of neck and upper extremity symptoms. However, there was a lack of documentation indicating an associated medication reduction use. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the level and laterality for the injection. Given the above, the request for injection spine, cervical thoracic is not medically necessary.