

<b>Case Number:</b>	CM14-0013221		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/06/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 67 year old male with a work injury dated 05/06/2010. The mechanism of injury is not documented. Visit note dated 01/24/2014 stated pain was worse in neck. According to the note the IW had tried Neurontin without improvement but caused depression and blurred vision. He had stopped it at week 3. Physical exam revealed decreased cervical rotation on both left and right with positive tenderness to palpation of cervical spine and positive cervical facet loading. Motor exam was documented as 5/5 on right and 4/5 on left. Urine drug test was reviewed with no unexpected findings. Diagnoses were: Post cervical laminectomy & fusion with radiculopathy bilateral and cervical facet arthropathy. A request was made for cervical epidural injection they type, levels and side is not documented. The records document cervical epidural injections in '13, but the amount and length of benefits are not well documented. On 01/30/2014 utilization review denied the request stating: Based on the clinical information submitted for this review and using the evidence based peer review guidelines (CA MTUS 2009 9792.24.2 Chronic Pain Medical Treatment Guidelines, page 46, criteria for the use of epidural steroid injections) the request for cervical epidural steroid injection is not certified. The request was appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EPIDURAL STEROID INJECTION:** Upheld

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

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

**Decision rationale:** MTUS Guidelines have very specific criteria to justify spinal epidural injections. One of the criteria is the necessary specificity of the injections i.e. type, levels and side. The request does not meet these Guideline criteria as there is no specificity associated with the request. In addition, Guidelines do not recommend repeat epidural injections unless there is substantial and lasting relief from prior injections. This individual has had prior injections and there is no documentation of substancial (at least 50% pain relief) or lasting (for at least 6 weeks) improvements from the prior injection(s). At this point in time, the request for a cervical epidural injection is not consistent with Guidelines and is not medically necessary.