

<b>Case Number:</b>	CM14-0186724		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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:

According to the records made available for review, this is a 46-year-old female with a 6/12/09 date of injury. At the time (9/30/14) of request for authorization for epidural steroid injection C3-C5, there is documentation of subjective (constant shooting cervical pain) and objective (decreased cervical range of motion with pain) findings, imaging findings (MRI of the cervical spine (7/21/14) report revealed minor endplate spondylosis on the left at C3-4 and no major abnormalities at C4-5), current diagnoses (cervical discopathy with radiculopathy, cervical sprain/strain, and cervical discopathy without radiculopathy), and treatment to date (medications and previous cervical epidural steroid injections (3/8/13)). 4/23/14 medical report identifies that previous injection provided 75% pain improvement for 14-16 weeks following injection. There is no documentation of decreased need for pain medications and functional response following previous injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection C3-C5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs)..

**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. Within the medical information available for review, there is documentation of diagnoses cervical discopathy with radiculopathy, cervical sprain/strain, and cervical discopathy without radiculopathy. In addition, there is documentation of previous cervical epidural steroid injection (3/8/13). In addition, given documentation of 75% pain relief for 14-16 weeks following previous injection, there is documentation of at least 50-70% pain relief for six to eight weeks following previous injection. However, there is no documentation of decreased need for pain medications and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for Epidural steroid injection C3-C5 is not medically necessary.