

<b>Case Number:</b>	CM14-0205748		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Emergency 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:

Patient with reported date of injury on 10/3/2013. Patient has a diagnosis of cervical radiculopathy and cervical radiculitis. Patient is post spinal fusion at C6-7 in 3/2014. Medical reports reviewed. Last report available until 11/6/14. Patient complains of neck pain radiating to R upper extremity and shoulders. Pain is 4/10. Objective exam reveals healed scars. Weakness to R deltoid. Decreased sensation at C6. Patient received an epidural steroid injection on 10/9/14. Report on 11/6/14 reports pt had no significant improvement in pain. MRI of cervical spine (7/8/14) reportedly showed increase in R paracentral disc osteophyte complex at C5-6 causing moderate neuroforaminal stenosis. Post-surgical changes noted. Medications include Tramadol and Lyrica. Independent Medical Review is for Epidural Steroid Injection. Prior Utilization Review on 11/20/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2nd Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural Steroid Injections (ESIs), Therapeutic

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. This requested 2nd ESI. Basic requirement for a repeat injection is MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8weeks. Patient has no improvement in pain therefore additional ESI is not medically necessary.