

<b>Case Number:</b>	CM15-0103501		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

The injured worker is a 53-year-old male with an industrial injury dated 04/25/2013. His diagnoses included cervical radiculopathy with primarily two level problem cervical 5-6 and cervical 6-7 but lesser problems at cervical 2-3 and cervical 4-5 and headaches, intractable secondary to 1. Prior treatment included pain medications, cervical steroid injection, cervical physical therapy and traction. He presented with complaints of headache, neck, right and left arm/hand, low back and right and left leg and foot pain. The injured worker noted his pain was worse since last visit. Physical examination was documented as unchanged. Urine drug screen was done on 02/12/2015. Treatment plan was for cervical epidural steroid injection, cervical physical therapy and traction and return in 6 weeks. The provider documented in the 02/11/2015 note that the second cervical epidural steroid injection helped relieve arm pain. The request is for cervical epidural steroid injection cervical 6-7 # 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection C6-C7 #3:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

**Decision rationale:** Regarding the request for repeat cervical epidural steroid injection, California MTUS guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, there is documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement following previous epidural injections. The last reviewer stated that a third injection is not indicated due to lack of objective evidence. However, the patient was on Norco before injection and has not been on it since, the patient did not see the physician office for the following month, thus was able to go two months without being seen and the patient noted a 50% decrease in arm pain after the injection on a intake sheet at the follow up done after the injection. Therefore, the currently requested repeat cervical epidural steroid injection is medically necessary.