

<b>Case Number:</b>	CM15-0130300		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	09/07/2006
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59-year-old male sustained an industrial injury to the neck on 9/7/06. Previous treatment included magnetic resonance imaging, trigger point injections, epidural steroid injections and medications. The injured worker most recently underwent right C3-4 epidural steroid injections on 4/27/15. In a progress note dated 5/5/15, the injured worker reported that the epidural steroid injection did help with his pain; however, he continued to experience spasm about his neck. The injured worker received trigger point injections during the office visit. In the most recent PR-2 submitted for review, dated 5/22/15, the injured worker reported that his neck pain had been aggravated over the past three to four days with spasms. Physical exam was remarkable for tenderness to palpation and spasm bilaterally about the cervical spine paraspinal musculature with palpable trigger points and guarded range of motion. Degeneration of the cervical spine was the current diagnosis. The injured worker received trigger point injections during the office visit. The treatment plan included a prescription for Norflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right C3-4 Cervical Epidural Steroid Injection under Imaging QTY: 1: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

**Decision rationale:** The claimant has a remote history of a work-related injury and is being treated for chronic radiating neck pain. A cervical epidural steroid injection was performed on 04/27/15. The injection was done with fluoroscopic guidance and the use of contrast, which demonstrated appropriate flow of the medications injected. On 05/05/15, the injection had helped with pain. On 05/22/15, he had a 3-4 day aggravation of pain and a trigger point injection was performed. When seen on 06/18/15, two prior cervical epidural steroid injections had provided more than 50% pain relief last for a number of weeks. Physical examination findings included decreased cervical spine range of motion with a trigger point. There was normal strength and sensation. The third in a series of epidural steroid injections was requested. In terms of a repeat epidural cervical injection, in the therapeutic phase, a repeat injection should only be offered if there is at least 50% pain relief for six to eight weeks. In this case, the claimant's response to the cervical epidural steroid injection done seven weeks previously is not adequately documented in terms of duration of pain relief. Additionally, a series of injections in either the diagnostic or the therapeutic phase is not recommended. A repeat cervical epidural steroid injection was not medically necessary.