

<b>Case Number:</b>	CM15-0041731		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	10/07/2003
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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

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:

The injured worker is a 55-year-old male who sustained an industrial injury on 10/7/03. The injured worker reported symptoms in the neck and upper extremities. The injured worker was diagnosed as having failed back syndrome cervical, cervical disc herniation, opiate dependence, and displaced disc with myelopathy cervical and cervical radiculopathy. Treatments to date have included oral pain medications and activity modification. Currently, the injured worker complains of neck pain with radiation to the bilateral upper extremities. The request was non-certified as the results of prior ESIs were not identified and there was no imaging evidence to support radiculopathy at the proposed levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Translaminar epidural steroid injection C7-T1 level with catheter placement at the C5-6 and C6-7 level:** Upheld

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

**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 epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use and functional improvement for at least six weeks after any prior ESIs and there are no imaging or electrodiagnostic evidence corroborating the diagnosis of radiculopathy at the proposed levels. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.