

<b>Case Number:</b>	CM15-0051439		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	05/22/2006
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 51 year old male who sustained an industrial injury on 5/22/06. The injured worker reported symptoms in the neck and bilateral upper extremities. The injured worker was diagnosed as having chronic pain syndrome and degeneration of cervical intervertebral disc. Treatments to date have included topical ointment, oral pain medication, and physical therapy. Currently, the injured worker complains of neck pain with radiation to the bilateral upper extremities. The plan of care was for epidural steroid injection, medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One repeat cervical epidural steroid injection:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

**Decision rationale:** I respectfully disagree with the UR physician. The previous review did not certify the request for a repeat cervical epidural steroid injection and stated that the injured employees pain was 2/10 and that there was no significant reduction of medication usage with a prior injection. Decreased medication usage from a prior injection is not criteria for a repeat injection. Furthermore, the California MTUS guidelines indicates that the injured employee should be unresponsive to conservative treatment such as exercise, physical methods, NSAIDs, and muscle relaxants. The injured employee is not currently prescribed any NSAIDs or muscle relaxants which have resulted in a 2/10 pain level but has been prescribed NSAIDs in the past. The injured employee does have complaints of upper extremity radicular symptoms and abnormal neurological findings on physical examination as well as neural foraminal narrowing on MRI. There was greater than 50% pain relief from a prior injection. As such, this request for a repeat cervical spine epidural steroid injection is medically necessary.