

<b>Case Number:</b>	CM14-0047291		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/06/2011
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 41-year-old female with a 7/6/11 date of injury. At the time (2/28/14) of request for authorization for repeat cervical epidural steroid injection (CESI), there is documentation of subjective (neck pain radiating to the right scapular region) and objective (decreased cervical range of motion) findings. The current diagnoses include cervical degenerative disc disease, displacement of cervical intervertebral disc without myelopathy, cervical radiculopathy, and cervicgia. The treatment to date includes cervical epidural steroid injection at C5-6 level on 2/13/14 with 50-55% pain relief. In addition, the medical report plan identifies repeat cervical epidural steroid injection at C5-6 level. There is no documentation of pain relief for six to eight (6-8) weeks, decreased need for pain medications, and functional response following previous injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat cervical epidural steroid injection (CESI):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The Official Disability Guidelines identifies documentation of at least 50-70% pain relief for six to eight (6-8) weeks, with a general recommendation of no more than four (4) blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease, displacement of cervical intervertebral disc without myelopathy, cervical radiculopathy, and cervicgia. In addition, there is documentation of a plan identifying repeat cervical epidural steroid injection at C5-6 level. Furthermore, there is documentation of a previous cervical epidural steroid injection with 50-55% pain relief. However, the given documentation of a previous cervical epidural steroid injection performed on 2/13/14, and a request for repeat injection on 2/28/14, there is no documentation of pain relief for six to eight (6-8) weeks. In addition, there is no documentation of decreased need for pain medications and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.