

<b>Case Number:</b>	CM14-0095067		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Physical Medicine & Rehabilitation, 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:

The injured worker is a 44-year-old female who reported injury on 11/20/2012. Prior therapies were noted to include 2 epidural steroid injections and physical therapy. The mechanism of injury and surgical history were not provided. There was a Request for Authorization submitted for review. The injured worker's medications were noted to include cyclobenzaprine 7.5 mg tablets, naproxen 550 mg, and omeprazole 20 mg. The documentation of 04/30/2014 revealed the injured worker had a cervical epidural steroid injection #2. The injured worker noted improvement. The injured worker had decreased pain with her pain medications. The injured worker had increased pain with activity and bending down. The physical examination revealed the injured worker had tenderness to palpation in the upper trapezius and decreased range of motion. The diagnoses included cervical spine disc bulge. The treatment plan included cervical epidural steroid injection #3 and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical ESI:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines indicate that most current guidelines recommend no more than 2 epidural steroid injections, they are not recommended in a series of 3. Additionally, there should be documentation of at least 50% pain relief for 6 to 8 weeks with an associated reduction in pain medications for the duration of 6 to 8 weeks. There should be documentation of objective functional benefit that was received from the injections. The clinical documentation submitted for review indicated the injured worker had previously undergone 2 injections. The dates of service were not provided. There was a lack of documentation indicating a necessity for a third cervical epidural steroid injection and exceptional factors to exceed guideline recommendations. There were no objective findings submitted for review. The request as submitted failed to indicate the laterality and the level for the requested injection. Given the above, the request for Cervical ESI is not medically necessary.