

<b>Case Number:</b>	CM14-0202511		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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. 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: Pennsylvania, Ohio, California  
Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 underlying date of injury in this case is 10/16/2013. The date of the utilization review under appeal is 11/14/2014. The treating diagnoses include cervical herniated nucleus pulposus, reflex sympathetic dystrophy of the upper limb, causalgia of the upper limb, and a peripheral neuropathy. On 10/24/2014, the patient was seen in neurological followup. The patient was noted to have continued to improve after a second epidural injection, and the neurologist indicated that he was in the process of requesting a third injection. The patient rated his level of pain as 3-4/10. The patient had some dysesthesia along the left index finger, and he had neck pain radiating to the left shoulder. Overall, the treating neurologist felt the patient had a soft tissue injury to the left index and third fingers of the left hand and dysesthesia in the left arm consistent with early complex regional pain syndrome and a cervical strain. The treatment plan included continuation of a third injection in a series of three.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural with cauterization C5-C6 with fluoroscopy #3:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, page 46, states that a series of three injections is not supported in either the diagnostic or therapeutic phase but, rather, that no more than 2 injections are supported. The records do not provide an alternate rationale for an exception to this guideline. Additionally, the records contain only very limited documentation regarding the clinical response to the patient's first 2 epidural injections. For these multiple reasons, this request is not supported by the treatment guidelines. This request is not medically necessary.