

<b>Case Number:</b>	CM14-0057262		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/11/2010
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 62 year old female, who sustained an industrial injury on 9/11/2010. She reported a motor vehicle accident with injury to the neck, low back, bilateral shoulders and right hip. Diagnoses include cervical disc protrusion and stenosis, lumbar disc bulges with spondylosis and stenosis, right shoulder sprain with impingement, left shoulder sprain with impingement and right hip sprain. Treatments to date include medication management, epidural steroid injection to cervical spine and lumbar spine. Currently, she complained of pain in the low back, right arm, right shoulder and right leg. On 2/18/14, the physical examination documented findings were documented on an attached evaluation form that was not included in the medical records for this review. The plan of care included epidural injection of the cervical spine at C6-7 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Injection of the cervical spine C6-7 at the right: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 43.

**Decision rationale:** Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include; 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, 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. 8) No more than 2 ESI injections. The injured worker has had previous ESIs without a documented 30-50% reduction in pain being documented. There is also no documentation of functional improvement from previous injections. The request for epidural Injection of the cervical spine C6-7 at the right is determined to not be medically necessary.