

<b>Case Number:</b>	CM15-0073227		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	01/17/2003
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	03/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 52 year old male with a date of injury on 1-17-2003. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculitis and cervical degenerative disc disease. According to the progress reports dated 3-12-2015 and 3-13-2015, the injured worker complained of neck pain, described as sharp and stabbing with numbness and tingling radiating to the right upper extremity. She complained of stiffness in the cervical spine along with muscle spasms in the neck and upper back. She reported that pain interfered with her activities of daily living including sleeping with no relief with activity modification or non-steroidal anti-inflammatory drugs. She rated her current pain as 7 to 8 out of 10. She reported greater than 50% relief with previous cervical epidural steroid injection on 4-22-2014 for over 10 months. The physical exam (3-12-2015 and 3-13-2015) revealed C4-C7 paraspinal muscle spasms, tenderness, decreased sensation over the right upper extremity in C5-C7 dermatomes and decreased triceps and brachioradialis DTRS in the right upper extremity. There was bilateral cervical facet tenderness at the C5-C6 level. Range of motion of the cervical spine was limited. Treatment has included home exercise program, physical therapy, chiropractic treatment, transcutaneous electrical nerve stimulation (TENS) unit, acupuncture and medications. Current medications included Oxycodone and Duexis. The request for authorization dated 3-13-2015 was for right cervical epidural steroid injection at C5-C6 and C6-C7. The original Utilization Review (UR) (3-21-2015) denied a request for right cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right cervical epidural steroid injection at C5-C6 and C6-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 2002 and continues to be treated for neck pain with right upper extremity symptoms. When seen, the claimant reported that a cervical epidural injection in April 2014 had provided 50% pain relief lasting for more than 10 months. When seen, she was having neck pain radiating into the right upper extremity. Physical examination findings included cervical spine tenderness with decreased range of motion. There was right upper extremity myotomal weakness at C5/6 and C6/7. There were decreased upper extremity reflex responses. In December 2014 she was seen with intractable neck and right arm pain and a repeat cervical epidural steroid injection was requested at that time. Percocet 10/325 mg #180 was continuously prescribed. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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. In this case, the duration of pain relief following the previous injection in April 2014 is not consistently documented. Although a benefit of 10 months is being reported, in December 2014, just 8 months after the procedure, she was having intractable neck and right upper extremity pain. A decreased in opioid medication use is not supported. The requested repeat epidural steroid injection is not medically necessary.