

Case Number:	CM13-0016871		
Date Assigned:	11/06/2013	Date of Injury:	01/02/1998
Decision Date:	02/05/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 applicant has filed a claim for chronic neck pain reportedly associated with industrial injury of January 2, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; prior cervical laminectomy surgery; earlier cervical fusion surgeries; and a subsequent cervical epidural steroid injection. On July 19, 2013, the applicant presented reporting persistent worsening cervical spine pain, 7/10. The applicant has weakness. The applicant is status post multiple prior epidural injections, it is stated. The applicant's medication list included Neurontin, insulin, metformin, Nexium, Percocet, Phenergan, Synthroid, albuterol, and Zanaflex. The applicant is obese with a BMI of 32. Decreased upper extremity strength was noted on exam with normal station and gait. A repeat epidural injection is sought. The applicant's work status was not clearly detailed. An earlier handwritten note of February 20, 2013 is difficult to follow and notable for comments that the applicant is pursuing physical therapy while also using methadone, Norco, Elavil, Prozac, and Robaxin. Once again, the applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

epidural steroid injection at the C7-T1 level with fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat epidural blocks should be based on objective evidence of functional improvement. In this case, however, there is no evidence of functional improvement or lasting benefit achieved through prior epidural blocks. There is no evidence that the applicant has returned to work. There is no evidence of diminished medication consumption effected as a result of prior epidural blocks. The applicant continues to use several analgesic and adjuvant medications, detailed above. All of the above, taken together, suggests a lack of functional improvement with prior epidural blocks as defined by the measures established in MTUS 9792.20f. Therefore, the repeat epidural steroid injection at C7-T1 is not certified.