

Case Number:	CM13-0020333		
Date Assigned:	10/11/2013	Date of Injury:	05/20/2005
Decision Date:	02/14/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

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 is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 9, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; unspecified number of cervical epidural steroid injections; extensive amounts of manipulative therapy, physical therapy, and acupuncture over the life of the claim; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with permanent restrictions in place. In a utilization review report of August 26, 2013, the claims administrator denied the request for cervical epidural steroid injection, approved the request for Pamelor, and approved the urine drug screen. The applicant's attorney later appealed. An earlier progress note of July 13, 2013 is notable for comments that the applicant reports using Norco four times a day and Pamelor once at night for neuropathic pain complaints. The applicant is reportedly effecting functional improvement through ongoing medication usage. The patient is given diagnosis of lumbar radiculopathy, cervical spinal stenosis, and status post cervical spinal fusion with persistent chronic pain complaints. A later note of August 15, 2013 is notable for comments that the applicant states that Pamelor once or twice nightly and Norco four times a day continue to decrease their pain and normalize function. The patient did not report any medication side effects on that date. Those medications are again refilled. An earlier progress note of July 8, 2013 is notable for comments that the applicant is awaiting authorization for a "second epidural injection of the cervical spine and an epidural injection of the lumbar spine." It is stated that the applicant has had over 20 sessions of physical therapy, over 20 sessions of manipulation, and 18 sessions of ac

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical interlaminar epidural steroid injection at C4-C5 and C5-C6: Upheld

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for pursuit of repeat epidural blocks is evidence of functional improvement with prior blocks. In this case, however, there is no evidence that the applicant has achieved either the requisite pain relief, associated reduction of medication consumption for six to eight weeks, and/or effected any improvement in terms of work status as a result of the prior cervical epidural block. The applicant does not appear to have returned to work with permanent work restrictions in place. The applicant continues to remain highly reliant on various analgesic medications; including four Norco tablets a day and Pamelor. The applicant is also pursuing various medical treatments concurrently, including a psychological consultation. Despite having completed one prior cervical epidural steroid injection, all of the above, taken together, indicates a lack of functional improvement as defined by the parameters established in California MTUS guidelines. Pursuing a repeat block is not indicated in this context. The request for a cervical interlaminar epidural steroid injection at the C4-C5 and C5-C6 is not medically necessary and appropriate.