

Case Number:	CM13-0021890		
Date Assigned:	01/03/2014	Date of Injury:	12/05/2008
Decision Date:	03/19/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

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 [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 5, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; and muscle relaxants. In a utilization review report of August 23, 2013, the claims administrator denied a request for two epidural steroid injections on the grounds that the applicant did not have any examination findings consistent with or suggestive of cervical radiculopathy. The applicant subsequently appealed. In a subsequent progress note of January 21, 2014, the applicant presented with highly variable 4 to 10/10 pains. The applicant is a nonsmoker. The applicant is overweight with BMI of 33. Upper extremity strength ranges from 4+/5 to 5/5 with decreased sensorium noted about the C6 distribution. The epidural denial was reportedly appealed. An earlier note of August 30, 2013 was notable for comments that two epidural steroid injections were being sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Cervical Epidural Steroid Injection at C7-T1 with Fluoroscopic time 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Epidural Steroid Injection Topic Page(s): 46..

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, current research does not support a series of three injections in either the diagnostic or therapeutic phase. Rather, the MTUS supports interval reevaluation of an applicant after each procedure so as to justify repeat blocks. The MTUS notes that repeat blocks should be based on continued objective documented pain and functional improvement. While the MTUS does support up to two epidural blocks for diagnostic purposes, the series of two epidural blocks being proposed by the attending provider is not indicated as an applicant should be reevaluated after each injection to determine the need for repeat blocks. Therefore, the request for outpatient cervical ESI at C7-T1 with fluoroscopic times 2 is not medically necessary.