

Case Number:	CM13-0033079		
Date Assigned:	12/06/2013	Date of Injury:	06/27/2007
Decision Date:	12/23/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/09/2013

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. The expert 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 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/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 a filed a claim for chronic neck, bilateral hand, and bilateral wrist pain reportedly associated with an industrial injury of June 27, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; muscle relaxants; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 18, 2013, the claims administrator denied a request for two epidural steroid injections and 10 sessions of yoga. It was not readily apparent whether this was a first time request for yoga or a second time request. The applicant's attorney subsequently appealed. In an August 29, 2013 progress note, the applicant reported ongoing complaints of neck pain radiating to the bilateral arms, left greater than right. The applicant wanted to continue Tylenol No. 3, stop Soma, and try topical analgesics. The applicant had received four prior sessions of acupuncture, it was acknowledged. Multiple medications were refilled, including Biofreeze, Lidoderm, and Tylenol No. 3. The applicant was asked to continue acupuncture. Two epidural steroid injections were sought along with 10 sessions of yoga to improve the applicant's range of motion and strengthening. The applicant was given work restrictions. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. In a subsequent note dated September 17, 2014, it was stated that the applicant had ongoing complaints of neck and bilateral upper extremity pain. The applicant was reportedly volunteering at a church, studying, going to school, doing laundry, and doing activities of self care and personal hygiene, it was further posited. Percocet, Flexeril and Biofreeze gel were endorsed on this occasion. Permanent work restrictions were seemingly renewed. It was posited that the applicant's medications were beneficial. On August 1, 2013, it was acknowledged that the applicant had not worked since

2010. The applicant was not performing regular exercise. MRI imaging of the cervical spine and eight sessions of acupuncture were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injections (CESI) x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections (ESIs) Page(s): 46.

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

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option for radicular pain, as was/is present here, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines notes that pursuit of repeat injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the request for two epidural steroid injections, as written, thus, is at odds with MTUS principles and parameters as it implies that the applicant would receive two consecutive blocks, regardless of the applicant's response to the first block. Therefore, the request is not medically necessary.

Yoga times 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Yoga Page(s): 126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Yoga topic Functional Restoration Approach Page(s): 8, 126.

Decision rationale: While page 126 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that yoga is recommended as an option for select, highly motivated applicants, it is far from clear that the applicant is a highly motivated applicant. While some progress notes, referenced above, following the date of the request suggested that applicant was attending school, other progress notes, situated in closer proximity to the date of the utilization review decision, September 18, 2013, suggested that the applicant was not working, had not worked since 2010, was not exercising, and was given renewals of permanent work restrictions, unchanged, from visit to visit. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the 10-session initial course of yoga proposed, thus, is seemingly at odds with MTUS principles and parameters as it implies that the applicant would complete a lengthy course of yoga without a proviso for interval reevaluation for the applicant in the midst of the treatment to ensure treatment efficacy. Therefore, the request is not medically necessary.

