

Case Number:	CM13-0047045		
Date Assigned:	12/27/2013	Date of Injury:	02/03/2005
Decision Date:	03/11/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

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 an industrial injury of February 3, 2005. Thus far, the applicant has been treated with the following: analgesic medications, relaxant, and unspecified number of prior epidural steroid injections. An earlier progress note of October 23, 2013 is notable for comments that the applicant reports persistent neck pain radiating to the right arm, pain was reported to be 8/10. She is also having clicking about her left thumb and is also complaining of migraine headaches. Slightly limited cervical range of motion is noted with numbness about the arm dermatomes. The applicant's gait and station are within normal limits. The applicant is depressed and anxious. Norco and Soma are renewed. A repeat cervical epidural steroid injection is sought while the applicant is placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Cervical Epidural Steroid Injection at C7-T1, QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Criteria for the use of Epidural Steroid Injections Pag.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Criteria for the use of Epidural Steroid Injections 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 steroid blocks is evidence of documented analgesia and functional improvement effected through prior epidural steroid blocks. In this case, however, there is no evidence of any lasting benefit or functional improvement achieved through the prior unspecified number of epidural steroid injections. The patient remains off of work, on total temporary disability, and remains highly reliant on various medications, including Norco and Soma. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f following completion of prior unspecified numbers of epidural steroid injections. Therefore, the request for additional epidural injection therapy is not certified, on independent medical review.