

Case Number:	CM13-0047353		
Date Assigned:	03/28/2014	Date of Injury:	12/07/2012
Decision Date:	07/02/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/01/2013

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 has filed a claim for chronic neck pain, shoulder pain, and myofascial pain syndrome reportedly associated with an industrial injury of December 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy and acupuncture over the life of the claim; and transfer of care to and from various providers in various specialties. In a utilization review report dated October 8, 2013, the claims administrator denied a request for a right C6 transforaminal epidural steroid injection. The claims administrator stated that the applicant had undergone an earlier epidural block on July 10, 2013. The claims administrator stated that there was no compelling evidence that the applicant had achieved any lasting benefit through an earlier epidural injection, despite the fact that the applicant had returned to regular work and reported appropriate pain relief following the earlier block. A progress note dated September 30, 2013, was notable for comments that the applicant was working and reporting pain ranging from 3-4/10. The applicant did report some residual neck pain and exhibited some hyposensorium about the right thumb. The applicant was given a diagnosis of cervical disc bulge with right-sided C6 radiculopathy. A repeat epidural injection, Norco, home exercises, and regular duty work were endorsed. On an earlier note of January 25, 2013, it was acknowledged that the applicant was working with a rather proscriptive 5-pound lifting limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT C6 TRANSFORAMINAL EPIDURAL INJECTION: Overturned

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural injection should be predicated on evidence of functional improvement with earlier blocks. In this case, the applicant has achieved and/or maintained successful regular work status following completion of the earlier epidural injection. The applicant did report appropriate analgesia with the first epidural injection. The applicant still has some residual low-grade radicular complaints and signs on exam. A repeat epidural injection is indicated, given the applicant's functional improvement as defined in MTUS 9792.20(f) through a prior block. Therefore, the request is medically necessary.