

Case Number:	CM13-0051005		
Date Assigned:	12/27/2013	Date of Injury:	10/08/2010
Decision Date:	06/05/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/13/2013

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, has a subspecialty in Preventative 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 filed a claim for chronic neck pain reportedly associated with industrial injury of October 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; trigger point injection therapy; transfer of care to and from various providers in various specialties; and work restrictions. In a Utilization Review Report dated November 7, 2013, the claims administrator conditionally denied a request for pain management consultant to pursue cervical epidural steroid injections and also denied a pain management consultation, citing lack of supporting documentation. The applicant's attorney subsequently appealed. An earlier note dated September 20, 2013 was notable for comments that the applicant reported intensified, intermittent neck pain, exacerbated by bending and twisting. A home exercise kit, electrical muscle stimulator kit, and heat kit were endorsed. Work restrictions were likewise endorsed. In a request for authorization dated October 22, 2013, the attending provider apparently sought authorization both for the aforementioned pain management consultation to pursue epidural steroid injections and also sought authorization for a pain management consultation alone. In a later letter dated November 14, 2013, the attending provider wrote that the applicant was off of work, and was on total temporary disability. The attending provider sought authorization for electrical stimulation, medications, home exercise kit, and a lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT FOR CERVICAL EPIDURALS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Guidelines indicate that the pursuit of repeat blocks should be based on the evidence of functional improvement and relief from pain achieved through earlier blocks. In this case, the attending provider has seemingly sought authorization for multiple epidural steroid injections without interval reassessment of the claimant between the proposed injections, so as to ensure the effectiveness of the same. This does not meet guideline criteria. Therefore, the request is not medically necessary.

PAIN MANAGEMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PART 1, INTRODUCTION Page(s): 1.

Decision rationale: The Chronic Pain Guidelines indicate that the presence of persistent complaints, which prove to be uncooperative to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and determine whether specialist evaluation is necessary. The applicant is off of work. The applicant has been deemed disabled. The applicant's chronic neck and low back pain issues have seemingly proven uncooperative to time, medications, trigger point injections, and other conservative treatments. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management physician, is indicated and appropriate. Therefore, the request is medically necessary.