

Case Number:	CM13-0052239		
Date Assigned:	12/27/2013	Date of Injury:	04/09/2010
Decision Date:	04/02/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/15/2013

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 represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 9, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of acupuncture; transfer of care to and from various providers in various specialties; and one prior cervical epidural steroid injection on June 5, 2013. In a utilization review report of November 4, 2013, the claims administrator denied a request for a repeat cervical epidural steroid injection. An earlier injection reportedly took place at the C7-T1 level, the claims administrator noted. It is stated that the applicant is a candidate for a cervical fusion surgery but is apparently declining to pursue the same owing to financial constrains. The applicant's attorney appealed the denied cervical epidural steroid injection. In a clinical progress note of October 25, 2013, the applicant is described as working in a modified duty role with a 10-pound lifting limitation. The applicant is having pain with motion of the neck. The applicant reports neck pain radiating to the right arm. The applicant appears to have had four prior epidural steroid injections, including three in 2011 and one in 2013. A positive Spurling maneuver is noted. A TENS unit, work restrictions, and a repeat ESI are apparently sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION: Upheld

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, a total of no more than two blocks is recommended. In this case, the applicant has already had four prior blocks. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further states that continued or repeat blocks should be based on evidence of functional improvement. In this case, however, there is no clear evidence of functional improvement as defined in MTUS 9792.20f despite prior blocks. The applicant appears to have reached a plateau in terms of the functional improvement measures established in section 9792.20f. A rather proscriptive 5-pound lifting limitation remains in place. The applicant remains reliant on various medications and compounds and is, furthermore, apparently considering a cervical spine surgery. All the above, taken together, imply that the previous epidural blocks have not been altogether effected. Therefore, the request is not certified, on independent medical review.