

Case Number:	CM13-0057569		
Date Assigned:	12/30/2013	Date of Injury:	10/03/1995
Decision Date:	04/03/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 3, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior cervical epidural steroid injection therapy in April 2013; carpal tunnel surgery; unspecified amounts of chiropractic treatment over the life of the claim; and extensive period of time off work, on total temporary disability. In a utilization review report of November 13, 2013, the claims administrator denied a request for cervical epidural steroid injection therapy at C6-C7, citing lack of supporting documentation and the fact that it was unclear whether the applicant had had a prior injection at this level. The applicant's attorney subsequently appealed. In a progress note on March 6, 2013, it is stated that the applicant has been on total temporary disability since June 2013, despite using Celebrex, Lyrica, and Norco for pain control purposes. A subsequent progress note of December 12, 2013 is again notable for the comments that the applicant presents with numbness, tingling, and paresthesias about the hand and digits. The applicant is on Lyrica and Norco for pain relief. The applicant's pain is present frequently. The applicant has apparently had electrodiagnostic testing in September 2013 notable for bilateral carpal tunnel syndrome. The applicant is currently off work, on total temporary disability. She is a former registered nurse. Wrist bracing is endorsed. The applicant is given diagnoses of brachial neuritis, cervical disc degeneration, and carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION AT C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) 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 cervical epidural steroid injections is evidence of functional improvement with prior blocks. In this case, however, the applicant has seemingly failed to affect any lasting benefit or functional improvement despite having completed at least one prior cervical epidural steroid injection. The applicant continues to report pain, paresthesias, etc., despite the prior block. The applicant remains off work, on total temporary disability. The applicant remains highly reliant on various medications, including Norco and Lyrica. It is further noted that the applicant has now been given a diagnosis of bilateral carpal tunnel syndrome, electrodiagnostically confirmed, which further calls into question the accuracy of the earlier diagnosis of cervical radiculopathy. Therefore, the request for a repeat epidural steroid injection is not certified, for all of the stated reasons