

Case Number:	CM14-0004081		
Date Assigned:	02/05/2014	Date of Injury:	12/02/1994
Decision Date:	08/08/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/10/2014

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 is a represented [REDACTED] of Child Support Services employee who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of December 2, 1994. 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; unspecified amounts of acupuncture; and extensive periods of time off of work. In a Utilization Review Report dated December 23, 2013, the claims administrator denied a request for a cervical epidural steroid injection while approving a left shoulder corticosteroid injection. It was stated that the applicant had been on permanent disability for 18 years, it was stated, and that the applicant had earlier cervical epidural steroid injection therapy in 1996. The claims administrator did employ non-MTUS ODG Guidelines in its decision to approve the shoulder corticosteroid injection while citing MTUS Guidelines in the decision to deny the cervical epidural injection. The applicant's attorney subsequently appealed. In a handwritten note dated December 9, 2013, the applicant presented with persistent complaints of neck pain radiating into left arm. The applicant stated that three recent sessions of acupuncture had not been effective. The applicant was apparently using Naprosyn and Norco for pain relief. The note was sparse, handwritten, and difficult to follow. The applicant was asked to pursue a shoulder corticosteroid injection and repeat cervical epidural steroid injection on the ground that the applicant had reportedly benefited from the cervical epidural steroid injection performed in 1996. The applicant was described as off of work, on permanent disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection (unspecified levels and laterality): Upheld

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and/or functional improvement with earlier blocks. In this case, the applicant has had at least one earlier cervical epidural steroid injection. The applicant has failed to profit from the same. The applicant remains off of work and has been deemed permanently disabled, it has been suggested. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including modalities such as acupuncture and medications such as Naprosyn and Norco. All of the above, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite at least one earlier cervical epidural steroid injection. Therefore, the request for Cervical Epidural Steroid Injection (unspecified levels and laterality) is not medically necessary and appropriate.