MAXIMUS Federal Services

Case Number:	CM14-0005888		
Date Assigned:	02/07/2014	Date of Injury:	03/07/2013
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/13/2014

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] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of March 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; and one prior epidural steroid injection. In a Utilization Review Report dated December 30, 2013, the claims administrator denied a request for a second epidural steroid injection. The rationale was somewhat convoluted and difficult to follow. The claims administrator seemingly stated that the applicant did not have an electrodiagnostically-confirmed radiculopathy. The applicant's attorney subsequently appealed. A January 13, 2014 medical-legal evaluation was notable for comments that the applicant resigned from his former place of employment on April 12, 2013 on the grounds that he did not believe he could continue to do his job. The applicant apparently had negative electrodiagnostic testing of June 3, 2013 and had MRI imaging of lumbar spine of June 1, 2013 notable for multilevel facet hypertrophy and neuroforaminal narrowing with a 4-mm disk protrusion at C6-C7. The applicant stated that there was some possible evidence of improvement after a cervical epidural steroid injection on August 7, 2013, although was far from certain. The applicant was doing some work as a housecleaner, it was suggested. The applicant was described as having well-preserved bilateral upper extremity strength and essentially symmetric grip strengths bilaterally. The medical-legal evaluator suggested that the applicant obtain two additional epidural steroid injections. It was stated that it was unlikely that the applicant would ever return to regular work. A pain management consultation of January 8, 2014 was notable for comments that the applicant reported persistent neck pain with associated electrical sensations radiating from the neck to the left shoulder. The applicant had a negative Spurling maneuver. The applicant had well-preserved

upper extremity motor function, sensorium, and reflexes. It was stated that the applicant could obtain cervical medial

IMR ISSUES, DECISIONS AND RATIONALES

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

2ND CERVICAL EPIDURAL STEROID INJECTION AT LEVEL C6-C7: Upheld

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

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, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. While the MTUS does endorse up to two diagnostic blocks, it does note that pursuit of a repeat block should be predicated on evidence of functional improvement and analgesia achieved through earlier block. In this case, however, there is no clear evidence of functional improvement as defined in section 9792.20f with earlier blocks. The applicant has failed to return to his former place of employment. The applicant has resigned from his former place of employment. It is further noted that there is considerable lack of diagnostic clarity here. The applicant's current pain management consultant states that the applicant's radicular symptoms have resolved and that he should consider medial branch block, effectively arguing against the need for the repeat epidural injections endorsed by the applicant's primary treating provider. Therefore, the request for a second epidural steroid injection is not medically necessary both owing to lack of diagnostic clarity here as well as a lack of clear improvement with the earlier block. The request is not medically necessary and appropriate.