

Case Number:	CM14-0012109		
Date Assigned:	02/21/2014	Date of Injury:	07/08/2010
Decision Date:	07/02/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/30/2014

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 claimant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 8, 2010. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical pads; adjuvant medications; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work. In a Utilization Review Report dated January 23, 2014, the claims administrator denied a request for a series of three epidural steroid injections, citing non-MTUS ODG Guidelines in conjunction with Third Edition ACOEM Guidelines and MTUS Chronic Pain Medical Treatment Guidelines. The Utilization Review Report did suggest that the claimant had an earlier epidural steroid injection in January 2014. In a March 14, 2013 progress note, the attending provider was described as seeking cervical epidural steroid injection therapy at that point in time. The claimant was using Neurontin, Norco, Prilosec, and Naprosyn on December 27, 2012. A cervical epidural steroid injection was also sought on that date. In a January 6, 2014 progress note, the claimant's primary treating provider stated that the claimant had tried a previous cervical epidural steroid injection with no reported benefit. It was stated that the claimant was therefore a candidate for cervical spine surgery. The claimant was placed off of work, on total temporary disability. On September 30, 2013, the claimant was again placed off of work, on total temporary disability. The claimant is reportedly miserable, consuming medications in large quantities, and was unable to return to work owing to chronic neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION OF THE CERVICAL SPINE TIMES 3: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, a series of three epidural steroid injections is not routinely recommended. Rather, the MTUS recommends reevaluation of an applicant after each injection to ensure the presence or absence of functional improvement. It is further noted that, in this case, that the employee has seemingly had earlier cervical epidural steroid injection therapy without any reported benefit. The employee remains off of work, on total temporary disability. The employee remains highly reliant and dependent on numerous medications, including Norco, Soma, Neurontin, and Flector patches. Therefore, the request for a series of three epidural steroid injections would not be supported. The request for epidural steroid of the cervical spine, quantity 3 is not medically necessary and appropriate.