

<b>Case Number:</b>	CM14-0124112		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 pain reportedly associated with an industrial injury of October 29, 2013. In a Utilization Review Report dated July 31, 2014, the claims administrator apparently denied a request for bilateral C7-T1 epidural steroid injection and partially certified a request for six follow-up pain management visits as one pain management follow-up visit. The applicant's attorney subsequently appealed. A cervical MRI of May 2, 2014 was notable for disk osteophyte complexes at C4-C5 and C5-C6 with associated mild canal stenosis at C4-C5. A C3-C4, moderate neuroforaminal stenosis with degenerative spurring was noted. No other clinical progress notes were provided. The only progress note on file furnished was the cervical MRI report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C7-T1 Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are an option in the treatment of radicular pain, in this case, however, no clinical progress notes were attached to the application for Independent Medical Review. There was no description of any active symptoms of radicular pain such as neck pain radiating to the bilateral arms or paresthesias/dysesthesias about the upper extremities. The cervical MRI findings, moreover, did not seem to reveal any pathology at the C7-T1 level in question, moreover. Again, no clinical progress notes were attached to the application for Independent Medical Review. Therefore, the request is not medically necessary.

**Follow-up Pain Management 6 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 177, the frequency of an applicant's follow-up visits should be dictated by the applicant's work status. In this case, however, the applicant's work status was not provided. No clinical progress notes or work status reports were attached to the Independent Medical Review application. No rationale for pursuit of six separate follow-up visits was sought. Therefore, the request is not medically necessary.