

Case Number:	CM14-0155262		
Date Assigned:	09/25/2014	Date of Injury:	01/02/2013
Decision Date:	11/28/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/22/2014

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 low back, neck, shoulder, knee, foot, and ankle pain reportedly associated with cumulative trauma at work between the dates August 31, 1983 through January 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 27, 2014, the claims administrator denied a consultation with a pain management specialist for a cervical epidural steroid injection and possible second lumbar epidural injection. The claims administrator invoked a variety of non-MTUS guidelines in its denial, including non-MTUS ODG guidelines and Chapter 7 ACOEM guidelines. ODG guidelines for epidural steroid injection therapy were also endorsed, despite the fact that the MTUS addressed all of the topics at hand. The applicant's attorney subsequently appealed. In a May 6, 2014 progress note, the applicant reported multifocal complaints of low back, knee, and wrist pain. The applicant was apparently given carpal tunnel steroid injection. The applicant's work status was not furnished. In a December 7, 2013 medical-legal evaluation, it was noted that the applicant had not missed any work as a result of the injury through that point in time and was, moreover, concurrently working elsewhere. Somewhat incongruously, a pain management consultation of May 23, 2014 stated that the applicant was "currently disabled," as of that point in time. The applicant had reportedly tried previous lumbar epidural steroid injections, it was acknowledged. Authorization was sought for another lumbar epidural steroid injection at L4-L5 and L5-S1. In a handwritten note dated June 10, 2014, the applicant was asked to continue Dexilant for reflux and Benicar-hydrochlorothiazide for reported hypertension. On August 5, 2014, the applicant presented with multifocal shoulder, neck, wrist, low back, and knee pain complaints. The applicant was asked

to consult a pain management specialist for consideration of possible cervical epidural steroid injection and/or obtain a second lumbar epidural steroid injection on the grounds that the applicant had reportedly responded favorably to the earlier block. The applicant's medication list was not provided. It was stated that work restrictions were being endorsed. However, the attending provider expressed some doubt that the applicant's employer would be able to accommodate said limitations. In a medical-legal evaluation of February 6, 2014, it was acknowledged that the applicant was using Naprosyn, Flexeril, Imitrex, Zofran, Prilosec, Medrox, and tramadol. It was stated that electrodiagnostic testing of November 26, 2013 was notable for mild bilateral carpal tunnel syndrome while MRI imaging of the cervical spine of November 26, 2013 was reportedly notable only for low-grade degenerative changes with no radiographic corroboration of radiculopathy, per the medical-legal evaluator.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT WITH A PAIN MANAGEMENT SPECIALIST FOR CERVICAL EPIDURAL STEROID INJECTION AND POSSIBLE SECOND LUMBAR EPIDURAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic. Page(s): 46. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: The request for lumbar epidural injection represents a request for a repeat epidural block. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant's work status has been incongruously reported on several occasions, referenced above. On some occasion, the applicant has been described as off of work, on disability, including in a May 23, 2014 progress note. Subsequent office visit suggested that the applicant was given work restrictions, although it did not appear that the applicant was working with said limitations in place. The incongruous reporting of the applicant's work status, coupled with the fact that the applicant remains reliant on so many different medications, including Zofran, Imitrex, Naprosyn, Flexeril, Medrox patches, tramadol, etc., suggests a lack of functional improvement as defined in MTUS 9792.20f, despite at least one prior lumbar epidural steroid injection. Insofar as the cervical epidural steroid injection component of the request is concerned, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that epidural steroid injections are recommended as an option in the treatment of radicular pain, provided said radicular pain is corroborated by imaging studies and/or electrodiagnostic testing. In this case, the applicant's medical-legal evaluator has reported that earlier electrodiagnostic testing of the bilateral upper extremities and earlier cervical MRI imaging in late 2013 were both negative for a cervical radiculopathy. Only low-grade degenerative changes were noted, which failed to account for the applicant's ongoing complaints. For all of the stated reasons, then, the request is not medically necessary.

