

Case Number:	CM14-0158215		
Date Assigned:	10/01/2014	Date of Injury:	02/01/2013
Decision Date:	11/06/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/26/2014

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 has filed a claim for chronic neck and wrist pain reportedly associated with an industrial injury of February 1, 2013. Thus far, the applicant has been treated with the following: analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; adjuvant medications; and extensive periods of time off of work. In a Utilization Review report dated August 25, 2014, the claims administrator denied a request for cervical epidural steroid injections at C6-C7. The claims administrator stated that there was lack of clear-cut evidence of cervical radiculopathy. Electrodiagnostic testing of the bilateral upper and bilateral lower extremities dated July 31, 2014 was interpreted as normal. Cervical MRI imaging of April 19, 2013 was notable for multilevel disk protrusions with associated central canal compromise and thecal sac indentation at the C3-C4 and C4-C5 levels. In a June 26, 2014 progress note, the applicant reported persistent complaints of neck pain radiating to the bilateral upper extremities with associated paresthesias of hands and wrists. Pain rated at 8-9/10 was reported. The applicant did have derivative complaints of depression, anxiety, and psychological stress. The applicant had gained 10 pounds. The applicant was using Prilosec, Neurontin, Norco, transdermal patches, and blood pressure lowering medications. A negative Spurling's maneuver and cervical paraspinal tenderness are noted with some evidence of decreased sensorium noted about the C6 distribution. Upper extremity strength of 5/5 was noted. A C6-C7 cervical epidural steroid injection was sought. In another section of the report, it was stated that multiple cervical epidural steroid injections were being sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injections at C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, page 46, 2010 revision, Web Edition

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat cervical epidural steroid injection therapy should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. The request as written, however, represents a request for a series of two cervical epidural steroid injections, with no proviso to evaluate the applicant between the proposed injections to ensure functional improvement with the first block. The request, thus, as written, runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.