

Case Number:	CM14-0169569		
Date Assigned:	10/17/2014	Date of Injury:	05/21/2003
Decision Date:	11/21/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/14/2014

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 represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 21, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; sleep aids; unspecified amounts of acupuncture; lumbar epidural steroid injection therapy; and epidural steroid injection therapy. In a Utilization Review Report dated October 8, 2014, the claims administrator approved a request for Lunesta while denying a request for an epidural steroid injection. The applicant's attorney subsequently appealed. In a progress note dated September 26, 2014, the applicant reported 8/10 neck pain radiating to the bilateral arms, along with ongoing complaints of low back pain. The applicant stated that the Ambien was providing improvement in terms of sleep. The applicant's medication list included Colace, Cymbalta, Lyrica, Senna, Sprix, Ambien, and Lidoderm, it was acknowledged. The attending provider alluded to the applicant's having had an earlier cervical epidural steroid injection at C7-T1 on March 12, 2013 and also noted that the applicant had had a previous electrodiagnostic testing of October 2012 demonstrating a multilevel cervical radiculopathy. It was stated that the applicant had decided not to pursue further cervical spine surgery. Epidural steroid injection therapy was sought at C7-T1 on the grounds that the applicant's earlier cervical epidural steroid injection had provided several months of pain relief. The applicant was asked to continue permanent work restrictions. Lunesta, Colace, Senna, Cymbalta, Lyrica and Lidoderm were renewed. It did not appear that the applicant was working on permanent limitations in place. In an earlier note dated August 26, 2014, the applicant again reported multifocal pain complaints. The applicant was given refills of Cymbalta, Lyrica, and Ambien. Permanent work restrictions were again renewed. The applicant did not appear to be working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The request in question does represent a request for a repeat cervical epidural injection. However, as noted on page 46 in the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant is seemingly off of work. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. The applicant remained highly dependent on a variety of opioid and non-opioid agents including Cymbalta, Lyrica, Sprix, Lidoderm, etc. All the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier cervical epidural steroid injection therapy. Therefore, the request for a repeat cervical epidural steroid injection is not medically necessary.