

Case Number:	CM14-0173264		
Date Assigned:	10/24/2014	Date of Injury:	08/01/2010
Decision Date:	12/03/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/20/2014

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, upper back, and low back pain reportedly associated with an industrial injury of August 1, 2010. In a Utilization Review Report dated October 7, 2014, the claims administrator denied a request for cervical epidural steroid injection therapy at C5-C6. The claims administrator did not cite any guidelines to the bottom of its report, although it stated that it was denying the request on the grounds that the attending provider did not document a complete motor exam. The claims administrator stated that in another section that its decision was based on ACOEM but did not incorporate any citation from ACOEM in its rationale. The applicant's attorney subsequently appealed. In a January 30, 2014 progress note, the applicant was described as having ongoing complaints of major depressive disorder, borderline personality disorder, and chronic low back pain status post earlier failed lumbar fusion surgery with resultant Global Assessment of Functioning (GAF) of 15. In a September 5, 2014 progress note, the applicant reported ongoing complaints of low back pain, neck pain, upper extremity paresthesias, lower extremity paresthesias, 7-1/2 over 10. The applicant was using Protonix for dyspepsia. The applicant was asked to employ Norco and Neurontin for pain relief. Tenderness was noted about the lumbar and thoracic paraspinal musculature. Home traction was endorsed. The applicant was kept off of work, on total temporary disability. In an August 11, 2014 progress note, the applicant again reported multifocal neck, upper back, and low back pain radiating into the bilateral upper and bilateral lower extremities. The applicant was again placed off of work, on total temporary disability. Norco and Neurontin were endorsed. In a September 24, 2014 progress note, the applicant again reported chronic neck, upper back, and lower back pain with associated tenderness and spasm appreciated. The applicant exhibited some dysesthesias about the right and left forearms. Norco and Neurontin were renewed. Cervical epidural steroid

therapy and a gym membership were endorsed while the applicant was kept off of work, on total temporary disability. It was not clearly stated whether this was a first-time epidural request or a repeat request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C5-6: 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 Page(s): 46.

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does note that epidural steroid injections are recommended as an option for the treatment of radicular pain, as is present here, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this position by noting that epidural steroid injection therapy should be employed in conjunction with other rehabilitation efforts, including continuing home exercises. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that radiculopathy should be corroborated by imaging studies and/or electrodiagnostic testing prior to pursuit of epidural steroid injections. In this case, however, the attending provider made no mention of electrodiagnostic and/or radicular corroboration of radiculopathy. There was no mention of the applicant's intention to use the proposed epidural steroid injection in conjunction with other rehabilitation efforts. Rather, all evidence on file pointed to the applicant's seeming intention to remain off of work, on total temporary disability, during large portions of the claim. There was no mention or discussion how the proposed epidural steroid injection would advance the activity level here. Therefore, the request is not medically necessary.