

Case Number:	CM14-0179329		
Date Assigned:	11/03/2014	Date of Injury:	06/27/2008
Decision Date:	12/26/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/28/2014

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 June 27, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical laminectomy surgery; transfer of care to and from various providers in various specialties; opioid therapy; and prior epidural steroid injection therapy. In a Utilization Review Report dated September 26, 2014, the claims administrator denied a request for epidural steroid injection therapy, alleging a lack of failure to conservative treatment and also alleging a lack of improvement with earlier epidural steroid injection therapy performed on September 17, 2013. The applicant's attorney subsequently appealed. In a September 19, 2014 progress note, the applicant reported ongoing complaints of neck, right upper extremity, and low back pain. The applicant posited that an earlier shoulder corticosteroid injection had proven successful. The applicant had comorbid diabetes, hypertension, and dyslipidemia, it was acknowledged. The applicant had undergone both shoulder surgery and cervical fusion surgery, it was noted. The applicant's medications included Norco, Relafen, Topamax, Prevacid, Flexeril, Zocor, Tenormin, and Metformin. The applicant was currently on temporary disability, it was acknowledged. The applicant was obese, standing 5 feet tall and weighing 199 pounds. A previously denied C7-T1 epidural steroid injection was appealed. In an earlier progress note dated August 19, 2014, the applicant again reported ongoing complaints of neck, right upper extremity, and low back pain. The applicant was again using Norco, Relafen, Topamax, Flexeril, Prevacid, Zocor, Tenormin, Metformin, it was acknowledged. Flexeril was increased to thrice daily dosing. Cervical epidural steroid injection therapy was endorsed. Norco and Prevacid were also renewed. It was again stated that the applicant was on "temporary disability" in the social history section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection C7-T1: Upheld

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

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

Decision rationale: The request in question does represent a repeat epidural steroid injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, the pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier injections. Here, however, the applicant has not, in fact, sustained any compelling evidence of function improvement with earlier epidural blocks. The applicant remains off of work, it was noted above. The applicant remains dependent on opioid agents such as Norco and non-opioid analgesic and adjuvant medications such as Flexeril, Topamax, and Relafen. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of at least one prior epidural steroid injection. Therefore, the request for a repeat epidural steroid injection is not medically necessary.