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| Case Number: | CM14-0034838 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 07/13/1999 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 03/10/2014 |
| Priority: | Standard | Application Received: | 03/20/2014 |

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 low back pain reportedly associated with an industrial injury of July 13, 1999. Thus far, the applicant has been treated with the following analgesic medications, attorney representation, transfer of care to and from various providers in various specialties and an epidural steroid injection 10 years prior. In a Utilization Review Report dated March 10, 2014, the claims administrator denied a request for cervical epidural steroid injection at C5-C6 and C6-C7. The claims administrator cited MTUS and non-MTUS ODG Guidelines in its rationale but appears to have based the large portions of its decision on non-MTUS references. The claims administrator stated, in one section of the report that the criterion for epidural steroid injection therapy have been met but later stated that the applicant had no clear evidence of radiculopathy which warrant epidural steroid injection therapy. The applicant's attorney subsequently appealed. In a progress note dated December 20, 2013, the applicant was described as having persistent complaints of neck pain with intermittent radiation into the bilateral arms, right greater than left. The applicant was continuing to drive a transit bus on a full-time basis. The applicant's pain levels were as high as 8/10, it was stated. The applicant was on Ultram, Motrin, Voltaren, and Flexeril, it was stated. A positive Spurling maneuver was appreciated with limited range of motion about the cervical spine. Some muscle wasting about the right hand first interspace was noted with symmetric, depressed reflexes. Cervical MRI imaging of October 30, 2013 was notable for impingement upon the C6 nerve roots. A repeat epidural steroid injection was sought at the C6 level. Pamelor was introduced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C5-6 and C6-7: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC: Neck and Upper Back: ESI, therapeutic (updated 03/07/14).

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

Decision rationale: As noted on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant does have a clinically-evident, radiographically confirmed lumbar radiculopathy with evidence of neuroforaminal stenosis and nerve root impingement at the levels in question, C5-C6 and C6-C7. It is further noted that page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines suggest spacing repeat blocks on evidence of functional improvement with earlier blocks. In this case, the applicant's successful return to work does constitute prima facie evidence of functional improvement as defined in MTUS 9792.20f following completion of one earlier epidural injection. Therefore, the request for cervical epidural steroid injections at the levels in question is medically necessary.