

Case Number:	CM14-0037964		
Date Assigned:	06/25/2014	Date of Injury:	05/04/2007
Decision Date:	08/07/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/01/2014

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, neck, and shoulder pain reportedly associated with an industrial injury of May 4, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; and earlier lumbar epidural steroid injection therapy, per the claims administrator. In a Utilization Review Report dated March 25, 2014, the claims administrator denied a cervical epidural steroid injection while approving a cervical MRI and electrodiagnostic testing of the bilateral upper extremities. The claims administrator stated that there is no clear-cut evidence of cervical radiculopathy which would compel cervical MRI imaging. The claims administrator cited the MTUS Chronic Pain Medical Treatment Guidelines in its denial on the epidural steroid injection, but mislabeled the same as originating from ACOEM. The applicant's attorney subsequently appealed. In a June 6, 2014 progress note, it was stated that the applicant had "entire spine pain," which is reportedly covered through the worker's compensation system. The attending provider stated that he would continue to offer the applicant an injection therapy. The applicant was using morphine, Senna, Norco, Lunesta, and Soma, it was stated. The applicant had reportedly retired from work, it was stated, and was no longer working. The applicant exhibited decreased grip strength about the right extremity scored at 4/5 with some sensory deficits noted about the bilateral upper extremities, right greater than left. A positive Spurling maneuver was noted. On March 17, 2014, it was suggested that the applicant had ongoing cervical radicular complaints and that the applicant therefore needed a trial cervical epidural steroid injection, suggesting that the applicant had not received prior cervical epidural steroid injection therapy. The attending provider seemingly suggested, albeit incompletely, that the applicant needed a diagnostic block. The applicant's past medical history was notable for depression, anxiety, and hepatitis, it was

acknowledged. The remainder of the file was surveyed. While there was mention of the applicant having had earlier lumbar epidural steroid injection therapy, there is no evidence that the applicant had had any prior cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injections (ESI), unspecified level: Overturned

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

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 first-time request for cervical epidural steroid injection therapy. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, up to two diagnostic epidural blocks are recommended. In this case, the attending provider has posited that the applicant has active cervical radicular complaints and that the block in question is intended to localize the level on source of the applicant's complaints. Therefore, the proposed cervical epidural steroid injection is medically necessary.