

<b>Case Number:</b>	CM14-0076901		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/24/2004
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 October 24, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 30, 2014, the claims administrator denied a request for a cervical epidural steroid injection, associated monitored anesthesia care, and associated epidurography. The claims administrator based its decision on a Request for Authorization (RFA) form dated April 23, 2014. In an ophthalmology note dated May 12, 2012, it was noted that the applicant had diabetes with a hemoglobin A1c of 5.7. The applicant was status post left and right shoulder arthroscopy and left and right carpal tunnel release surgeries, it was noted. A May 20, 2006 orthopedic note was notable for comments that the applicant was off of work, on total temporary disability, as of that point in time. Electrodiagnostic testing of December 17, 2007 was negative for any evidence of cervical radiculopathy but did apparently demonstrate mild median delay across both wrists, either the residual or prior carpal tunnel syndrome versus recurrent carpal tunnel syndrome. In a Medical-legal Evaluation of April 11, 2011, the applicant presented with multifocal wrist and shoulder pain complaints. The applicant denied any symptoms in her neck or spine at that point in time. The Medical-legal evaluator did apparently conduct a comprehensive survey of the file through that point in time and did not cite any prior epidural steroid injections. The applicant was given a 25% whole-person impairment rating for a variety of orthopedic concerns. The remainder of the voluminous file was surveyed. The Request for Authorization (RFA) form of April 23, 2014 on which the cervical epidural at issue was sought was seemingly not incorporated into the Independent Medical Review (IMR) packet.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Injection: Cervical Steroid Injection C5-C6, C6-C7: 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 topic. Page(s): 46.

**Decision rationale:** While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, in this case, however, the April 20, 2014 Request for Authorization (RFA) form and/or associated progress note on which the article at issue was sought was not incorporated into the Independent Medical Review packet. The historical documentation did not establish the presence of ongoing or earlier cervical radicular complaints for which epidural steroid injection therapy could be considered. It was not clearly stated whether or not the applicant had had prior epidural steroid injection therapy or not and/or whether the epidural at issue was a diagnostic block versus therapeutic block, although it is acknowledged that the claims administrator seemingly failed to incorporate the critical RFA form and associated progress note on which the epidural injection at issue was sought into the Independent Medical Review packet. The information which is on file, however, fails to substantiate, support, or corroborate the request. Therefore, the request is not medically necessary.

### **Monitored Care Anesthesia: 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 topic. Page(s): 46.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary

### **Epidurography: 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 topic. Page(s): 46.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.