

Case Number:	CM14-0083264		
Date Assigned:	07/21/2014	Date of Injury:	05/15/2012
Decision Date:	09/15/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/04/2014

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 injured worker is a [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 15, 2012. Thus far, the applicant has been treated with the following: analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar medial branch block; opioid therapy; and sleep aids. In a Utilization Review Report dated June 4, 2014, the claims administrator denied a request for a C7-T1 transforaminal epidural steroid injection. It was acknowledged that the applicant was off work, on total temporary disability. It was not stated whether or not the applicant had had prior epidural injection therapy. On August 1, 2013, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of chronic low back pain, chronic neck pain, lumbar facet syndrome, and myofascial pain syndrome. Duragesic and Vicodin were endorsed. The applicant was asked to stop medical Marijuana. On March 26, 2014, the applicant again presented with persistent complaints of neck pain, 5-6/10, radiating to the bilateral upper extremities, left greater than right. The applicant apparently had disk bulges at C6-C7 and C7-T1. Electrodiagnostic testing of upper extremities was sought to rule out carpal tunnel syndrome versus nerve root dysfunction. Naproxen, Neurontin, Prilosec, Colace, and Tramadol were endorsed, along with a rather proscriptive 25-pound lifting limitation. It did not appear that the injured worker was working, however, with said limitation in place. In an earlier note of April 20, 2014, the applicant had persistent complaints of low back pain and neck pain, 5-8/10. The applicant had paresthesias about the upper extremities, it was stated. Electrodiagnostic testing of April 18, 2014 was notable for bilateral carpal tunnel syndrome and sensory polyneuropathy. Medial branch blocks were sought while multiple medications were renewed. On February 14, 2014, the applicant informed the attending provider that he did not want to discontinue usage of Marijuana.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSLAMINAR CERVICAL 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 topic Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, however, the applicant's electrodiagnostic testing of April 2014 demonstrated evidence of sensory polyneuropathy and carpal tunnel syndrome as opposed to any evidence of a bona fide cervical radiculopathy. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks, in this case, however, the attending provider did not, in fact, state or posit that the epidural injection in question was intended for diagnostic purposes. No compelling case has been made for the epidural injection in question. The attending provider had not, furthermore, clearly stated whether the applicant has had prior cervical epidural steroid injection therapy or not. Therefore, the request is not medically necessary.