

Case Number:	CM14-0084850		
Date Assigned:	07/30/2014	Date of Injury:	12/15/2003
Decision Date:	09/26/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/06/2014

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 December 15, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; earlier shoulder surgery; multilevel cervical fusion surgery; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated May 29, 2014, the claims administrator denied a request for a series of three cervical epidural steroid injections. The applicant's attorney subsequently appealed. In a June 3, 2014 progress note, the applicant reported persistent complaints of neck pain radiating to the left arm. The applicant apparently exhibited a normal motor function about the bilateral upper extremities, despite limited cervical range of motion. Sensorium and symmetric upper extremity reflexes were noted. Epidural steroid injection therapy was sought. The applicant also received trigger point injection therapy in the clinic setting, it was suggested. The applicant's work status was not furnished. The attending provider stated that the applicant had received a great deal of benefit from earlier epidural steroid injections over the life of the claim. The applicant's medication list was not clearly stated. It was not, furthermore, stated whether or not the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injections under Fluoroscopy (X3): Upheld

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

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, current research does not support a series of three epidural injections in either the diagnostic or therapeutic phase of the claim. Rather, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines suggests predicating repeat blocks on evidence of functional improvement and/or lasting analgesia with earlier blocks. The request, then, as written runs counter to MTUS principles and parameters. Accordingly, the request is not medically necessary.