

<b>Case Number:</b>	CM14-0182508		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 March 20, 2013. In a Utilization Review Report dated September 30, 2014, the claims administrator failed to approve a request for two cervical epidural steroid injections. The applicant also had issues with low back pain status post earlier L1 compression fracture, the claims administrator noted, and had received conservative treatment including physical therapy, medications, and work restrictions. The claims administrator stated that its decision was based on a progress note of September 8, 2014. In a handwritten progress note dated September 8, 2014, difficult to follow, not entirely legible, the applicant reported severe neck pain radiating into left upper extremity with secondary complaint of low back pain radiating into the left leg. Dysesthesia were noted about the left hand. Physical therapy and cervical epidural steroid injections were sought while the applicant was placed off of work, on total temporary disability, for six weeks. An RFA form dated September 12, 2014 also stated that two epidural steroid injections were being sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Injections x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) 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, pursuit of repeat epidural steroid injection should be predicated on evidence of a favorable outcome following the preceding injection, in terms of both pain relief and function. In this case, however, the attending provider seemingly sought authorization for a series of two epidural steroid injections, without any proviso to evaluate the applicant between each injection so as to ensure a favorable response to the same before moving forward with the second planned injection. The request, thus, as written, is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.