

Case Number:	CM14-0184523		
Date Assigned:	11/12/2014	Date of Injury:	06/03/2009
Decision Date:	01/12/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/05/2014

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, shoulder, arm, and hand pain reportedly associated with an industrial injury of June 3, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and at least one prior epidural steroid injection on April 1, 2014. In a Utilization Review Report dated October 29, 2014, the claims administrator failed to approve a request for cervical facet and/or epidural steroid injections, citing a report dated September 20, 2014. The applicant's attorney subsequently appealed. In a November 29, 2014 progress note, the applicant reported 4-8/10 neck and low back pain, highly variable. The applicant stated that her neck pain complaints did radiate to the bilateral upper extremities, left greater than right. The applicant had undergone an earlier lumbar epidural steroid injection on July 22, 2014, it was acknowledged. MRI imaging of the cervical spine of July 2009 was notable for degenerative disk disease with a 3- to 4-mm disk bulge at C5-C6. It was suggested (but not clearly stated) that the applicant was working with restrictions. Norco, Voltaren, and Prilosec were renewed. On October 22, 2014, the applicant again reported 3-8/10 neck and low back pain. Neck pain radiating into the bilateral upper extremities was appreciated. Decreased strength and hypo sensorium were appreciated about the left upper extremity in the C5-C6 dermatome. It was stated that the applicant was working with restrictions in place. Voltaren, Norco, Prilosec, and Restone were apparently renewed. It was stated that lumbar epidural steroid injection therapy was being sought. In another section of the report, it was stated that the applicant had "severe functional disability" associated with multifocal pain complaints. In a handwritten note dated November 6, 2014, the applicant was given a refill of Norco. The applicant's low back and neck pain were unchanged. On this occasion, it was stated that the applicant was a permanent and stationary and had been deemed a

"qualified injured worker," implying that the applicant was not working. In a Request for Authorization (RFA) form, not clearly dated, authorization was sought for "facet and/or epidural injections." It was not clearly stated what region and/or what level the epidural and/or facet injections were being sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet and/or epidural injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 181, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The request is imprecise and open to a number of different interpretations. The request does appear to represent request for multiple facet and/or epidural steroid injections over the course of the claim. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant is off of work. The applicant remains dependent on opioid agents such as Norco, despite having had multiple prior epidural steroid injections at various points during the course of the claim. All of the foregoing, taken together, suggests a lack of functional improvement as defined in the MTUS 9792.20f, despite multiple prior epidural steroid injections. The request for a repeat epidural steroid injection, thus, cannot be supported owing to the applicant's poor response to earlier epidural blocks. Similarly, the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 191 notes that facet joint injection of corticosteroid is deemed "not recommended" in the evaluation and management of neck and upper back complaints. The attending provider did not set forth a compelling case for this request in any of the progress notes provided. The bulk of the progress notes on file referred to pursuit of repeat epidural steroid injection. There was no mention of the need for facet injections other than in the RFA form, which was unaccompanied by any narrative commentary. It was, furthermore, not readily evident or apparent why facet injections are being sought when the applicant's cervical and lumbar complaints were described on multiple occasions referenced above as radicular in nature. Since both the facet and epidural steroid injection components of the request cannot be endorsed here, the request is not medically necessary.