

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0188134 | | |
| Date Assigned: | 11/18/2014 | Date of Injury: | 10/01/2007 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 10/13/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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 1, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 13, 2014, the claims administrator denied a request for a right-sided cervical epidural steroid injection at C4-C5 and C5-C6. It was stated that the applicant had undergone an epidural injection three years prior as well as a cervical facet injection on March 13, 2013. The claims administrator stated that its decision was based on RFA forms and progress notes dated July 2, 2014, August 4, 2014, and September 3, 2014. In a September 14, 2014 progress note, the applicant reported ongoing complaints of chronic neck and low back pain. The applicant was given diagnosis of failed spine surgery syndrome. 8/10 pain was appreciated with medications and 10/10 pain without medications. The applicant was waiting implantation of an intrathecal pain pump. The applicant was using oxycodone, methadone, Ativan, Neurontin, Cialis, Effexor, and Prilosec, it was acknowledged. The applicant had side effects with opioids including constipation. The applicant had reportedly stable depression, as suggested in the review of systems section of the note. Multiple medications were prescribed, including methadone, oxycodone, Prilosec, and Motrin. The attending provider stated that he was concurrently seeking authorization for therapeutic epidural steroid injection in conjunction as well as a pain pump trial. On August 4, 2014, the applicant reported persistent complaints of low back pain radiating to the legs and chronic neck pain radiating to the right arm and digits. The applicant's medications included Prilosec, Neurontin, vitamins, Ativan, methadone, oxycodone, Cialis, and Effexor, it was acknowledged. Also medications were refilled. The applicant's work status was

not clearly stated; however, in one section of the note, it was stated that the applicant's pain condition was severely interfering with his ability to work, concentrate, mood, sleep, overall ability to function, and family relationships. On April 4, 2014, the applicant apparently alleged development of dental issues secondary to long-term opioid usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cervical Epidural Steroid Injection C4-C5, C5-C6: 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: Based on the claims administrator's utilization review report, the request does represent a repeat epidural steroid injection as the applicant apparently had at least one prior epidural steroid injection some three years prior. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural block should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant is off of work. The earlier epidural steroid injection failed to curtail the applicant's dependence on opioids agents such as methadone or oxycodone or non-opioid agents such as Neurontin and Ativan. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite at least one prior epidural block. Therefore, the request for a repeat epidural block is not medically necessary.