MAXIMUS Federal Services

Case Number:	CM14-0195668		
Date Assigned:	12/03/2014	Date of Injury:	10/28/1999
Decision Date:	01/20/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/21/2014

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 28, 1999. In a Utilization Review Report dated November 28, 2014, the claims administrator denied a request for a repeat cervical epidural steroid injection. The claims administrator stated that the applicant had undergone cervical epidural steroid injection on October 3, 2014 at an unspecified level but had not demonstrated requisite analgesia for the requisite amount of time so as to justify a repeat injection. The applicant's attorney subsequent appealed. In a November 25, 2013 progress note, the applicant reported ongoing complaints of low back pain radiating into the right leg. The applicant stated that TENS unit was helping. A replacement lumbar support was apparently sought. Menthoderm and tramadol were refilled. The permanent work restrictions were renewed. In an RFA form which was not clearly dated, the attending provider sought authorization for a repeat cervical epidural steroid injection to be done in the office setting. In a November 10, 2014 progress note, the applicant returned after previous cervical epidural steroid injection. The applicant also reported persistent complaints of low back pain radiating into the right leg. The applicant stated that her neck and arm complaints had been diminished following the cervical epidural injection. The applicant was using tramadol, Celebrex, Mevacor, Tylenol, and ophthalmic Latanoprost, it was stated. The applicant had had previous injections, the attending provider wrote, in another section of report, "with minimal relief." A lumbar epidural steroid injection was sought on this date, somewhat interestingly, while the RFA form suggested a repeat cervical epidural injection. On October 30, 2014, the applicant did receive the C7-T1 cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Repeat Cervical Epidural Steroid Injection (Unspecified Level/s) Under Fluoroscopy Times One, As an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic Page(s): 46.

Decision rationale: The request in question was seemingly initiated on or around November 10, 2014, i.e., some 10 days after the applicant had undergone a prior cervical epidural steroid injection on October 30, 2014. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat cervical epidural steroid injection should be predicated on evidence of 50% pain relief with associated medication reduction for six to eight weeks following a prior epidural block. In this case, the request in question was initiated too soon after the previous block so as to accurately gauge the presence or absence of functional improvement with the same. It is further noted that the text of the November 10, 2014 progress note suggested that the attending provider was seeking authorization for a lumbar epidural steroid injection at L5, which was, furthermore, seemingly at odds with the undated RFA form on which repeat cervical epidural steroid injection therapy was sought. Therefore, the request is not medically necessary.