

Case Number:	CM14-0196804		
Date Assigned:	12/04/2014	Date of Injury:	05/20/2005
Decision Date:	01/21/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/24/2014

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 has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 28, 2005. In a utilization review report dated November 9, 2014, the claims administrator denied a request for two repeat interlaminar cervical epidural steroid injections and also denied an unknown number of pain management follow-ups with a provider within the network. Norco was partially approved. Naprosyn was approved outright. Prilosec was also approved outright. A followup visit with the primary treating provider and a consultation with an orthopedist were approved. The claims administrator stated that his decisions were based on an evaluation of October 9, 2014. The applicant had a history of earlier cervical fusion surgery and earlier left shoulder arthroscopy, the claims administrator posited, and had received prior cervical epidural steroid injections in 2012, based on its records. In an RFA form dated October 9, 2014, the attending provider stated that he was seeking authorization for repeat interlaminar epidural steroid injection therapy on the left at C4-C5 and C5-C6. Two successive injections were being sought. The applicant was also status post cervical fusion surgery in 2008 and status post a recent lumbar transforaminal epidural steroid injection on August 4, 2014. The applicant is currently using Norco, Naprosyn, and Prilosec. The applicant reported highly variable 3/10 to 7/10 multifocal pain complaints. The applicant was also attending psychotherapy. Norco, Naprosyn, and Prilosec were ultimately refilled while epidural steroid injection therapy was sought. The applicant was asked to follow up with a pain management physician, consult an orthopedist, and follow up with a pain psychologist. The applicant's work status was not clearly outlined. In an October 9, 2014 questionnaire, the applicant acknowledged that he was essentially unchanged. The applicant did not appear to be working with previously imposed permanent limitations. In a March 9, 2014 progress note, the applicant was again described as using Norco, Naprosyn, Prilosec, and senna. The applicant had received trigger point injection

therapy and cervical epidural steroid injection therapy. The applicant had ongoing depressive issues. A spinal cord stimulator was sought. The applicant's work status was not clearly outlined, although the attending provider suggested that the applicant's employer was unable to accommodate previously imposed work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 repeat interlaminar epidural injections on the left at C4-5 and C5-6: 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, MTUS 9792.20(f) Page(s): 46.

Decision rationale: As acknowledged both by the attending provider and claims administrator, the applicant has had prior cervical epidural steroid injection therapy. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f) with prior cervical epidural steroid injection therapy. Therefore, the request for two successive repeat interlaminar epidural steroid injections is not medically necessary.

Unknown pain management follow-ups within the MPN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 5, page 79 does note that frequent followup visits are "often warranted" even in applicants whose medical conditions are not expected to change appreciably from visit to visit, it is unclear how many visits were actually being sought. It was not clearly stated how often the primary treating provider wished for the applicant to follow up with the pain management specialist. The request for open-ended and an unknown number of pain management visits is inherently ambiguous and difficult to approve as written. Therefore, the request is not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. While the attending provider stated on some instances that the applicant's pain scores were diminished with ongoing medication consumption, including Norco at a rate of three times daily on an office visit of March 9, 2014, these comments are outweighed by the attending provider's failure to outline the applicant's work status from visit to visit, the renewal of permanent work restrictions from visit to visit, and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.