

<b>Case Number:</b>	CM14-0200134		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	06/28/2000
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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, has a subspecialty in ENTER SUBSPECIALTY 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 and low back pain reportedly associated with an industrial injury of June 28, 2000. In a utilization review report dated November 18, 2014, the claims administrator denied a cervical epidural steroid injection. The claims administrator suggested (but did not clearly state) that the request represented a repeat epidural block in one section of its UR report and then stated in another section of the note that the request in question represented a first epidural block. A variety of MTUS and non-MTUS Guidelines were invoked, and including the now-outdated, now-renumbered MTUS 9792.20(e). The claims administrator referenced a progress note dated October 30, 2014 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated October 30, 2014, difficult to follow, not entirely legible, an epidural steroid injection, unspecified pain medications, and an orthopedic consultation, and a hand surgery consultation were endorsed. The applicant was apparently pending a left wrist surgery on November 18, 2014 with another provider. The applicant reported ongoing complaints of neck pain with associated upper extremity paresthesias. The note was extremely difficult to follow and comprised almost entirely of preprinted check boxes. It was not clearly stated whether the request was a first-time request or a renewal request. The cervical epidural block at issue was also endorsed via an earlier progress note dated September 25, 2014. It was also stated that the applicant had superimposed issues with carpal tunnel syndrome and was pending a carpal tunnel release surgery. Again, large portions of the progress note were sparse, handwritten, and not entirely legible. The attending provider alluded to the applicant's having had two prior cervical epidural steroid injections on June 13, 2014 and August 14, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural block injection:** Upheld

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

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

**Decision rationale:** While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this recommendation by noting that the radiculopathy should be electro-diagnostically and/or radiographically confirmed. In this case, radiographic and/or electrodiagnostic corroboration of radiculopathy has not been clearly established. A progress note on September 25, 2014, furthermore, suggested that the applicant had had two prior epidural injections on June 13, 2014 and August 14, 2014. The request in question, thus, does represent a repeat epidural block. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant's work status has not been clearly outlined, although it does not appear that the applicant was working with permanent limitations imposed by an agreed medical evaluator (AME). The fact that the applicant is pursuing multiple consultations with multiple providers in multiple specialties, including hand surgery, pain management, general orthopedics, etc., coupled with the fact that permanent work restrictions are renewed, unchanged, from visit to visit, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite multiple prior epidural steroid injections in 2014 alone. Therefore, the request for a repeat epidural steroid injection is not medically necessary.