

<b>Case Number:</b>	CM14-0203238		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/23/2001
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 23, 2001. In a Utilization Review Report dated November 12, 2014, the claims administrator failed to approve a request for C7-T1 transforaminal epidural steroid injection. The claims administrator noted that the applicant had had two prior cervical epidural steroid injections in 2012 and 2013 and had also had unspecified numbers of lumbar epidural steroid injections. The claims administrator noted that the applicant was still using a walker and Norco and also had permanent restrictions in place. The claims administrator referenced a November 4, 2014 RFA form and progress notes of September 24, 2013 and August 19, 2014 in its determination. The applicant's attorney subsequently appealed. On August 19, 2014, the applicant reported persistent complaints of neck and arm pain radiating to the left arm. The applicant was using a cane to move about. The applicant exhibited limited cervical range of motion. The applicant's walker was in the process of being retired. Norco was renewed. The attending provider posited that the applicant had some benefit from earlier epidural blocks. Permanent work restrictions were renewed. A cervical epidural injection was sought. It did not appear that the applicant was working with permanent limitations in place, although this was not explicitly stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Translaminar ESI C7-T1 via cath to C4-5: 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 Page(s): 46.

**Decision rationale:** The request for a C7-T1 transforaminal epidural steroid injection is not medically necessary, medically appropriate, or indicated here. The request in question does represent a request for a repeat epidural steroid injection. 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 appears to be off of work. The applicant is using a cane and a walker to move about and is dependent on opioid agents such as Norco. Permanent work restrictions seemingly remained in place, unchanged, from visit to visit. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS. Therefore, the request is not medically necessary.