

Case Number:	CM14-0204101		
Date Assigned:	12/16/2014	Date of Injury:	06/26/2009
Decision Date:	02/11/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 June 26, 2009. In a Utilization Review Report dated November 7, 2014, the claims administrator failed to approve a request for cervical epidural steroid injection with associated facet blocks x2. An RFA form and progress note of October 30, 2014, was referenced. The applicant apparently had a history of earlier cervical fusion surgery. The claims administrator referenced a September 25, 2014 progress note for evidence of cervical fusion at C3-C4 and C6-C7. The applicant's attorney subsequently appealed. On May 27, 2014, the applicant was placed off of work, on total temporary disability, for additional 45 days, while neurosurgery consultation, Ultram, Relafen, Prilosec, and multiple topical compounds were refilled. On September 8, 2014, the applicant reported persistent complaints of neck pain radiating to the left arm, 7 to 8/10. The applicant was using Prilosec and tramadol, it was stated on one section of the report. 5-/5 to 5/5 bilateral upper extremity strength was appreciated with hypoesthesias noted about the left hand in the C5 distribution. Electrodiagnostic testing of bilateral upper extremities, CT scan of the bilateral upper extremities, Prilosec, Relafen, tramadol, and topical compounds were endorsed while the applicant was placed off of work, on total temporary disability. On July 30, 2014, a neurosurgery consultation was sought while tramadol, Relafen, Prilosec, and multiple topical compounds were endorsed. The applicant was again placed off of work, on total temporary disability. On October 4, 2014, a new cervical MRI was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical C4-6 Epidural Steroid Injection (ESI) with Facet x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck/Upper Back, Facet Joint Diagnostic block

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Table 8-8, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The proposed cervical epidural steroid injection with associated facet blocks x2 is not medically necessary, medically appropriate, or indicated here. 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, as is present here, this recommendation, however, is qualified by the further commentary made on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the purpose of the epidural steroid injection therapy is to avoid surgery and further comments to the effect that repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement earlier blocks. Here, several treating providers, have all commented that the applicant was/is a candidate for further cervical spine surgery. Multiple neurosurgery consultations and cervical MRI requests took place throughout mid and late 2014, referenced above. It does not appear, thus, that the applicant would employ the proposed epidural injections as a means of avoiding surgery. Rather, it appeared that the applicant's decision to pursue further cervical spine surgery has already been made, regardless of the outcome of the proposed ESI. Similarly, the request for two consecutive cervical epidural steroid injections is at odds with the position on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks as it appears that the attending provider is proposing two consecutive blocks without any interval evaluation of the applicant to ensure a favorable response to the first cervical epidural block. Thus, the cervical epidural steroid injection (s) component of the request is not indicated. Similarly, the cervical facet injection component of the request is likewise not medically necessary here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, facet injections and corticosteroids are "not recommended." It is further noted that the applicant's primary pain generator here appears to be residual cervical radiculopathy status post earlier cervical spine surgery. Several treating providers commented that the applicant is a candidate for further cervical spine surgery, moreover. Facet joint injections are not, thus, indicated both owing to the unfavorable ACOEM position on the same as well as owing to the lack of bona fide facetogenic pain here. Since both the epidural injection component of the request and the facet injection component of the request are not recommended, the request is not medically necessary.