

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0208357 |                              |            |
| <b>Date Assigned:</b> | 12/22/2014   | <b>Date of Injury:</b>       | 05/31/2013 |
| <b>Decision Date:</b> | 02/18/2015   | <b>UR Denial Date:</b>       | 12/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/12/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 May 31, 2013. In a Utilization Review Report dated December 2, 2014, the claims administrator failed to approve a request for a cervical epidural steroid injection. The claims administrator noted that the applicant had had prior cervical epidural steroid injections on May 14, 2013 and September 11, 2014. The claims administrator also noted that the applicant had had physical therapy, manipulative therapy, and ergonomic evaluation at various points in time. The claims administrator contended that the applicant has failed to profit from the earlier injections. An RFA form of November 21, 2014 was referenced in its determination. On November 16, 2014, the applicant reported persistent complaints of neck pain radiating to the left arm, 3-4/10. A repeat epidural steroid injection was endorsed. Tenormin, hydrochlorothiazide, Norco, and Lyrica were renewed. The applicant's work status was not clearly outlined. The attending provider stated that the applicant had achieved 50% pain relief from a prior epidural steroid injection. In an October 8, 2014 progress note, the applicant reported persistent complaints of neck pain, 3/10. The applicant stated that the previous epidural steroid injection two weeks prior had generated 50% pain relief. The applicant was working full time as an underwriter, it was acknowledged. The applicant had undergone the epidural injection in question on September 11, 2014. A medical-legal evaluator noted on August 12, 2014 that the applicant was working full-duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5/C6 Cervical Epidural Steroid Injection:** Overturned

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

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

**Decision rationale:** The request for C5-C6 epidural steroid injection was medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does note that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant has returned to and/or maintained full time, regular duty work status as an insurance underwriter, the treating provider has suggested. A previous epidural steroid injection of September 11, 2014 did generate several months of incomplete analgesia, the attending provider reported. Moving forward with a repeat epidural block, thus, was/is indicated here, given the applicant's demonstration of functional improvement in terms of the parameters established in MTUS 9792.20f. Therefore, the request is medically necessary.