MAXIMUS Federal Services

Case Number:	CM14-0032386		
Date Assigned:	06/20/2014	Date of Injury:	04/14/2010
Decision Date:	01/07/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/12/2014

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. 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 April 14, 2010.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work.In a Utilization Review Report dated February 25, 2014, the claims administrator denied a request for a series of three epidural steroid injections apparently requested on January 27, 2014.In a February 24, 2014 progress note, the applicant reported ongoing complaints of neck pain, 8/10, with radiation of pain to the right first two digits. The applicant was status post earlier cervical laminectomy, it was acknowledged. Epidural steroid injection therapy was sought. The attending provider stated that, if ESI therapy failed, the applicant could consider a percutaneous electrical nerve stimulator. The applicant's work status was not clearly stated on this occasion. The applicant received an epidural steroid injection on June 11, 2014 at the C5-C6 level. On December 12, 2013, the applicant was using morphine and Norco for pain relief. The applicant stated that his medications were working. The applicant's work status was not furnished. In a handwritten January 3, 2013 progress note, the applicant was given refills of morphine, Soma, and desipramine. 7/10 pain was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injections X 3 per reported dated 1/27/14 QTY: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, a series of three epidural steroid injections is not recommended either in the diagnostic or therapeutic phase of treatment. Rather, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that pursuit of repeat epidural blocks should be based on evidence of lasting analgesia and functional improvement with preceding blocks. The request, thus, as written, runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.