

Case Number:	CM15-0104808		
Date Assigned:	06/09/2015	Date of Injury:	02/08/2009
Decision Date:	07/16/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/01/2015

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, New York, 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 56-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of February 8, 2009. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve requests for cervical epidural steroid injection therapy with associated conscious sedation and fluoroscopic guidance. The claims administrator referenced an order form dated April 15, 2015 in its determination. The claims administrator contended that the applicant had had prior cervical epidural steroid injection therapy, without profit. The applicant's attorney subsequently appealed. On May 13, 2015, the applicant reported ongoing complaints of neck pain. The attending provider stated that the applicant had improved following an earlier cervical epidural steroid injection in September 2011. The attending provider did not state how many cumulative cervical epidural steroid injection the applicant had had. The applicant's work status was not detailed. The applicant did have ancillary complaints of shoulder pain, it was reported. In an April 17, 2015 RFA form, cervical epidural steroid injection therapy with associated with associated conscious sedation was sought. In an associated progress note dated April 15, 2015, the applicant reported ongoing complaints of neck pain reportedly attributed to cervical spondylolysis and cervical spinal stenosis. Cervical epidural steroid injection therapy was proposed. The applicant's work status was not furnished. The applicant's medication list was not provided. In a progress note dated October 20, 2012, it was suggested that the applicant was missing a fair amount of work owing to various pain complaints. The attending provider stated on this date that the applicant's cervical MRI findings do not correlate with his symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical Transforaminal Epidural Steroid Injection, C3-C4, Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: No, the proposed left-sided cervical transforaminal epidural steroid injection was not medically necessary, medically appropriate, or indicated here. Both the treating provider and the claims administrator as a request for repeat epidural steroid injection framed the request. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat cervical epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the requesting provider did not document the applicant's work status on multiple office visits, referenced above, including on April 15, 2015 or on May 13, 2015. While the attending provider stated that the applicant's earlier cervical epidural steroid injections were beneficial, this was not quantified. The applicant's work status and medications were not detailed on the progress notes surrounding the request, namely those dated May 13, 2015 and April 15, 2015. Therefore, the request was not medically necessary.

Left Cervical Transforaminal Epidural Steroid Injection, C5-C6, Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Similarly, the request for a left-sided cervical epidural steroid injection at C5-C6 was likewise not medically necessary, medically appropriate, or indicated here. The request was framed as a request for a repeat cervical epidural steroid injection, both by the attending provider and the claims administrator. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injections be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant's work status, functional status, and response to the previous cervical epidural steroid injection(s) in terms of the functional improvement parameters established in MTUS 9792.20e was not established. The applicant's work and functional status were not outlined on progress notes of April 15, 2015 or May 13, 2015. The applicant's medication list was likewise not detailed on those dates. The attending provider, in short, failed to outline evidence of substantive improvement in terms of the functional improvement parameters established in MTUS 9792.20e, despite receipt of earlier cervical epidural steroid injection therapy. Therefore, the request for a repeat cervical epidural steroid injection at C5-C6 was not medically necessary.

Conscious Sedation, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Epidural steroid injections (ESIs).

Decision rationale: Similarly, the request for conscious sedation was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. As noted in ODG's Chronic Pain Chapter Epidural Steroid Injections topic, sedation is not generally necessary for an ESI. ODG notes that routine usage of sedation is not recommended except for applicants with anxiety. Here, however, there was no mention of the applicant is having issues with anxiety on or around the date (s) of the request, April 15, 2015 and May 13, 2015. The primary requests for the epidural steroid injections, furthermore, were denied above, in questions 1 and 2. Therefore, the derivative request for associated sedation was likewise not medically necessary.

Fluoroscopic guidance Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Finally, the request for fluoroscopic guidance was likewise not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one that accompanied the primary request for epidural steroid injections, in questions 1 and 2. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injection therapy should be performed under live x-ray or fluoroscopic guidance, here, however, the epidural injections in question were deemed not medically necessary, in questions 1 and 2. Therefore, the derivative or companion request for associated fluoroscopic guidance was likewise not medically necessary.