

<b>Case Number:</b>	CM15-0131613		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	07/20/2009
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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 57-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of July 20, 2009. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve a request for a cervical epidural steroid injection. The claims administrator referenced an RFA form received on May 27, 2015 in its determination, along with a report dated April 30, 2015. The applicant's attorney subsequently appealed. On June 25, 2015, the applicant reported ongoing complaints of low back and neck pain. The applicant had undergone an earlier failed lumbar laminectomy surgery, it was reported. The applicant was reportedly on 180 tablets of Norco per month for pain relief. The applicant had had previous cervical and lumbar epidural steroid injection and therapy, the treating provider reported towards the top of the report in the past treatment section of the same. Attending provider posited that the previous epidural injections have been beneficial, but did not elaborate further. 6/10 pain complaints were noted. The applicant was apparently pending or considering a spinal cord stimulator trial. The applicant had undergone both lumbar laminectomy surgery and earlier cervical fusion surgery, it was reported. Norco was renewed. The applicant's work status was not furnished, although it did not appear that the applicant was working. The applicant was considering a spinal cord stimulator, it was stated in several sections of the note. On April 30, 2015, it was stated that the applicant was using Norco at a rate of 180 tablets a month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection, bilateral C4, C5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation <http://www.odg.twc.com/odgtwc/neck.htm>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** No, the request for a cervical epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request was framed as a request for a repeat epidural steroid injection. The attending provider acknowledged on both April 30, 2015 and on June 20, 2015 that the applicant had had prior cervical epidural steroid injection therapy over the course of the claim. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates, however, that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant's work status was not reported on multiple office visits, referenced above, including on the June 25, 2015 office visit at issue. The applicant remained dependent on Norco, apparently being used at a rate of 180 tablets per month, it was reported on June 25, 2015. The applicant was considering a spinal cord stimulator trial, it was further noted on that date. All of foregoing, taken together, strongly suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier cervical epidural steroid injections in unspecified amounts over the course of the claim. Therefore, the request for a repeat cervical epidural steroid injection was not medically necessary.