

<b>Case Number:</b>	CM15-0135262		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	11/29/1993
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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 low back pain reportedly associated with an industrial injury of November 29, 1993. In a Utilization Review report dated June 9, 2015, the claims administrator failed to approve a request for cervical epidural steroid injection. The claims administrator referenced a June 4, 2015 RFA form in its determination and an associated progress note of June 3, 2015. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the most recent note on file was in fact laboratory testing dated December 17, 2014. On December 17, 2014, the applicant underwent a right knee meniscectomy surgery. There was no mention of the applicant having issues with neck pain. On December 1, 2014, the applicant underwent a preoperative clearance evaluation. The applicant had a variety of comorbidities including hypertension, depression, reflux, back pain, obstructive sleep apnea, it was reported. The applicant was having issues with neck pain. It was not stated whether the applicant had or had not had a prior cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal epidural steroid injection (TFESI) bilateral C3-C4: 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 (ESIs) Page(s): 46.

**Decision rationale:** No, the request for a cervical epidural steroid injection was 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, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there should be radiographic or electrodiagnostic corroboration of radiculopathy and that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the June 4, 2015 progress note and associated June 3, 2015 RFA form on which the article in question were sought were not seemingly incorporated into the IMR packet. It was not stated whether the applicant in fact had corroborative findings of radiculopathy and/or whether the applicant had or had not had prior cervical epidural steroid injection therapy or not. The historical progress notes provided failed to support or substantiate the request. Therefore, the request was not medically necessary.