

Case Number:	CM15-0186071		
Date Assigned:	09/28/2015	Date of Injury:	08/14/2013
Decision Date:	11/10/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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 51-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 14, 2013. In a Utilization Review report dated September 9, 2015, the claims administrator failed to approve a request for multilevel cervical epidural steroid injection under fluoroscopy. The claims administrator referenced an August 13, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On March 12, 2015, the applicant reported 7/10 pain with medications versus 9/10 without medications. The applicant reported ongoing complaints of neck pain radiating to bilateral arms. The applicant received trigger point injections in the clinic. The applicant had issues with cervical radiculopathy, spinal stenosis, and chronic pain syndrome. The applicant was also status post earlier right shoulder surgery, it was reported. The attending provider acknowledged that the applicant had received earlier cervical epidural steroid injections at the C4 through C6 levels on December 23, 2014. The applicant was not, however, working, the treating provider acknowledged. On March 19, 2015, the applicant was again placed off of work, on total temporary disability. The applicant was receiving acupuncture, it was acknowledged at this point. On April 9, 2015, it was again acknowledged that the applicant was not working. Percocet was refilled. On June 11, 2015, it was again acknowledged that the applicant was not working. Repeat cervical epidural steroid injection was sought while Percocet was renewed. Pain complaints ranging from 5-10/10 were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical epidural under fluoroscopy, C4-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: No, the request for a cervical epidural steroid injection was not medically necessary, medically appropriate, or indicated here. As acknowledged by the treating provider, the request in question was framed as a request for a repeat epidural steroid injection. The treating provider reported on June 11, 2015 that the applicant had received a prior cervical epidural steroid injection at the level in question on December 23, 2014. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant remained off of work, on total temporary disability, it was reported on multiple dates, including June 11, 2015. The applicant remained dependent on opioid agents such as Percocet, it was acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least one prior cervical epidural steroid injection. Therefore, the request for a repeat injection was not medically necessary.