

Case Number:	CM15-0187166		
Date Assigned:	09/29/2015	Date of Injury:	08/10/2011
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/23/2015

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 60-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 10, 2011. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve a request for a cervical epidural steroid injection. An August 26, 2015 date of service and an RFA form dated September 10, 2015 were referenced in the determination. The claims administrator suggested that the applicant was still working, had undergone earlier cervical spine surgery, had received earlier acupuncture, and had received Botox injection. The applicant's attorney subsequently appealed. On an RFA form dated September 10, 2015, retrospective authorization was sought for Norco. On August 20, 2015, the applicant reported ongoing complaints of neck pain, 10/10 without medications and 7/10 with medications. The applicant received Botox injection for migraine headaches. The applicant's medications included Norco, Asacol, Prilosec, Ambien, Tenormin, and Effexor, it was reported. The applicant was asked to continue working. On August 26, 2015, the applicant's neurosurgeon noted that the applicant had sustained a recent aggravation of neck pain complaints following a motor vehicle accident. The applicant had undergone cervical spine surgery at the C6-C7 level in 2008 and 2009, it was acknowledged. The applicant's neurosurgeon stated that the applicant had some complaints of neck pain, headaches, and left shoulder pain. The attending provider stated that the applicant had had recent cervical MRI imaging of August 15, 2015 demonstrating a bulging disk at C3-C4, of uncertain clinical significance. Cervical MRI imaging dated August 26, 2015 was notable for an

intact cervical fusion at C6-C7 with moderate bilateral neuroforaminal at C3-C4 and mild stenosis at other levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection C3-4: 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 C3-C4 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, here, however, it did not appear that the applicant's pain complaints were necessarily or clearly radicular in nature. An August 26, 2015 neurosurgery note was notable for commentary that the applicant had focal complaints of neck pain, headaches, and left shoulder pain. The applicant's neurosurgeon wrote that the applicant's current neck pain complaints include "neck pain, occipital headaches, and left shoulder pain." There is no mention of the applicant's having paresthesias, numbness, and/or tingling about the upper extremities on that date. It appeared, thus, that the requesting provider was seeking authorization for epidural steroid injection therapy to ameliorate issues with axial neck pain. This is not, however, a role for which epidural steroid injections are espoused, per page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.