

Case Number:	CM15-0195090		
Date Assigned:	10/08/2015	Date of Injury:	02/26/2015
Decision Date:	11/23/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/05/2015

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 44-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 26, 2015. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve a request for a repeat cervical epidural steroid injection. The claims administrator noted that the applicant had had an earlier epidural steroid injection on August 18, 2015. The claims administrator contended that the applicant had failed to profit from the same. The claims administrator referenced a September 22, 2015 RFA form and an associated September 18, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 22, 2015, the applicant was asked to pursue an epidural steroid injection. On September 6, 2015, the attending provider suggested that the applicant pursue a repeat epidural steroid injection. The attending provider contended that the applicant's pain scores were reduced by 15% following the prior epidural steroid injection. The applicant was placed off of work, on total temporary disability. A repeat cervical injection was nevertheless sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Cervical Spine Epidural Injection under Fluoroscopy Left C7-T1: Upheld

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

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

Decision rationale: No, the request for a repeat cervical epidural steroid injection is not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural block should be predicated on evidence of continued objective documented pain relief and functional improvement, including at least 50% pain relief with an associated reduction in medication usage for six to eight weeks. Here, however, the applicant was placed off of work, on total temporary disability, as of the date of request, September 18, 2015. The applicant had only derived a low- grade reduction in pain scores by 15%, the treating provider reported. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of one prior cervical epidural steroid injection. Therefore, the request for a repeat epidural injection is not medically necessary.