

Case Number:	CM15-0195239		
Date Assigned:	10/09/2015	Date of Injury:	04/01/2004
Decision Date:	11/25/2015	UR Denial Date:	10/02/2015
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 57-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 1, 2004. In a Utilization Review report dated October 2, 2015, the claims administrator failed to approve a request for an intralaminar epidural steroid injection at C5-C6. The claims administrator referenced an RFA form received on September 9, 2015 and an associated progress note of the same date in its determination. The claims administrator contended that the applicant had had prior such injections without profit. The applicant's attorney subsequently appealed. On September 9, 2015, the applicant reported ongoing complaints of neck pain radiating to bilateral upper extremities. Neurontin, a topical compounded cream, Elavil, Norco, physical therapy, acupuncture, and urine drug testing were endorsed. 3-7/10 pain complaints were reported. The applicant had received trigger point injections and at least one prior epidural steroid injection, the treating provider reported. The applicant was using Norco at a rate of 4 times daily, the treating provider reiterated. A C5-C6 epidural steroid injection was sought. The attending provider stated that the applicant was working on a part-time basis at this point. The attending provider also stated that the applicant was performing home exercises. The attending provider stated that the applicant had derived 50% to 60% pain relief for 1 month following the prior epidural steroid injections some 2 years prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 intralaminar epidural steroid injection at C5-C6: 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 an intralaminar epidural steroid injection at C5-C6 was not medically necessary, medically appropriate, or indicated here. As acknowledged by the attending provider on September 9, 2015, the request in question did in fact represent a request for a repeat cervical epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, it appeared that the applicant had not derived requisite improvements in pain and/or function needed to justify pursuit of a repeat epidural steroid injection. The applicant had only derived 1 month of pain relief from the previous epidural steroid injection, the treating provider reported on September 9, 2015. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, suggests that a positive response to an epidural steroid injection includes at least 50% pain relief with an associated reduction in medication consumption for 6-8 weeks. Here, thus, it did not appear that the applicant had derived appropriate, long-lasting analgesia from the prior epidural injection. The applicant remained dependent on a variety of analgesic and adjuvant medications to include Norco, Neurontin, Elavil, a topical compounded cream, etc., it was reported on September 9, 2015. The applicant was seemingly only working on a part-time basis on that date, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least 1 prior cervical epidural steroid injection. Therefore, the request for a repeat intralaminar epidural steroid injection at C5-C6 was not medically necessary.