

Case Number:	CM15-0199604		
Date Assigned:	10/14/2015	Date of Injury:	05/15/2009
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/10/2015

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 [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 15, 2009. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve a request for a repeat cervical epidural steroid injection while apparently approving a followup visit. The claims administrator referenced a September 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, it is incidentally noted, stated that the most recent note on file was dated June 17, 2015; thus, the September 16, 2015 office visit which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet. On said June 17, 2015 office visit, the applicant reported ongoing complaints of neck and shoulder pain. The applicant had had a prior cervical epidural steroid injection in February 2014, the treating provider reported. The attending provider stated that the applicant had, however, had series of epidural injections over the course of the claim. Neurontin and Percocet were renewed. 8/10 pain complaints were reported toward the top of the note. The applicant's work status was not clearly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left C7 and T1 Interlaminar epidural steroid injection: 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 at C7-T1 was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat steroid injections should be predicated on evidence of lasting analgesia with functional improvement with earlier blocks. Here, however, the applicant's work status was not reported on June 17, 2015, suggesting that the applicant was not, in fact, working as of that date. The applicant remained dependent on opioid agents such as Percocet, 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 multiple prior cervical epidural steroid injections. While it is acknowledged that the September 16, 2015 office visit which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet, the historical information on file failed to support or substantiate the request. Therefore, the request was not medically necessary.