MAXIMUS Federal Services

Case Number:	CM15-0201716		
Date Assigned:	10/16/2015	Date of Injury:	04/19/2012
Decision Date:	12/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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 53-year-old who has filed a claim for neck and low back pain reportedly associated with an industrial injury of April 19, 2012.In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve a request for a cervical epidural steroid injection at C6-C7. The claims administrator referenced a July 20, 2015 office visit in its determination. The applicant had undergone an earlier C3-C4 cervical decompression procedure, the claims administrator acknowledged. The claims administrator contended that the applicant had had prior cervical epidural steroid injections, without relief. The applicant's attorney subsequently appealed. On September 26, 2015, the attending provider readdressed the request for a cervical epidural injection. The applicant was status post earlier cervical fusion surgery at C3-C4, unspecified weakness about the shoulder and wrist musculature was reported. The note was very sparse and did not explicitly discuss or recount any radicular complaints, however. It was not stated whether the applicant had or had not had prior epidural injections or not. On RFA form dated August 26, 2015, C6-C7 cervical epidural steroid injection in question was sought. On September 8, 2015, the attending provider reiterated his request for a cervical epidural steroid injection, seemingly to determine what percentage of the applicant's pain complaints derive from the shoulder versus the cervical spine. On September 2, 2015, the attending provider acknowledged that the applicant had had a prior cervical epidural steroid injection. Ongoing complaints of neck pain radiating to the left arm were reported. The attending provider stated that the applicant had had prior epidural steroid injection in the past. The applicant was using OxyContin for pain relief, the treating provider stated in one section of

the note. Acupuncture, spinal cord stimulator trial, and functional restoration program evaluation were sought. The applicant was not working, it was acknowledged. On August 5, 2015, it was acknowledged that the applicant was "not working."

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection at C6 to C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation.

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. The request in question framed as a repeat epidural steroid injection request, the treating provider acknowledged on office visit of September 2, 2015 and August 5, 2015. However, on page 46 of the MTUS Chronic Pain Medical Treatment Guideline stipulates that pursuit of repeat epidural steroid injection should be predicted on evidence of lasting analgesics and functional improvement with earlier blocks. Here, however, the applicant had failed to return to work, the treating provider reported on office visit on August 5, 2015 and September 2, 2015. The applicant remained dependent on opioid agents such as OxyContin, the treating provider acknowledged on both dates. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior cervical epidural steroid injections over the course of the claim. Therefore, the request for a repeat cervical epidural steroid injection is not medically necessary.