

Case Number:	CM15-0203277		
Date Assigned:	10/20/2015	Date of Injury:	07/26/2008
Decision Date:	12/04/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/15/2015

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 July 26, 2008. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve a request for a cervical epidural steroid injection. The claims administrator noted that the applicant had had an earlier cervical epidural steroid injection on March 14, 2012. The claims administrator referenced a September 18, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On July 17, 2015, additional occupational therapy was ordered following earlier carpal tunnel release surgery. In an applicant questionnaire dated March 20, 2015, the applicant acknowledged that she was not working. On an associated progress note dated March 20, 2015, the attending provider reiterated that the applicant was not working and was using a variety of agents to include Norco, Prilosec, Norflex, and Terocin, it was reported. The applicant had not worked since 2008, the treating provider reported. The claims administrator's medical evidence log was reviewed. The most recent on file was an August 21, 2015 occupational therapy note. Thus, the July 18, 2015 office visit on which the article in question was sought was not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar epidural steroid injection at C5-C6 and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Neck and Upper Back (Acute and Chronic) 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 cervical epidural steroid injection at C5-C6 and C6-C7 was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a repeat epidural steroid injection request. The claims administrator noted in its utilization review that the applicant had had a prior cervical epidural steroid injection on March 14, 2012. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates the pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was not working, the treating provider reported on a progress note dated March 20, 2015, despite receipt of an earlier cervical epidural steroid injection at the levels in question. The applicant remained dependent on opioid agent such as Norco and Norflex, the treating provider reported. The applicant had not worked since September 2008, the treating provider acknowledged on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least one prior cervical epidural steroid injection. While it is acknowledged that the September 18, 2015 office visit in which the article in question was proposed was not seemingly incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.