

Case Number:	CM15-0023788		
Date Assigned:	02/13/2015	Date of Injury:	04/22/2013
Decision Date:	03/31/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/09/2015

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, Ohio, 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 April 26, 2013. In a Utilization Review Report dated January 6, 2015, the claims administrator failed to approve a request for a cervical epidural steroid injection. The claims administrator referenced December 12, 2014 progress note in its determination. The claims administrator noted that the applicant had undergone earlier cervical spine surgery. The claims administrator apparently contended that the applicant did not have clear or compelling radiographic evidence of radiculopathy postoperatively. It was not stated whether the applicant had or had not had prior cervical epidural steroid injection. The applicant's attorney subsequently appealed. On August 20, 2014, the applicant reported persistent complaints of neck pain radiating into the right arm six months removed from an earlier multilevel cervical fusion surgery. 4/5 right triceps strength was noted. Electrodiagnostic testing demonstrated mild C7 cervical nerve root dysfunction. The applicant was placed off of work, on total temporary disability, at that point in time. The applicant received epidural steroid injection therapy at the C5-C6 and C6-C7 levels on December 23, 2014. On December 12, 2014, the applicant's pain management physician noted that the applicant had persistent complaints of neck pain radiating into the arm with weakness about the digits. The attending provider stated that the applicant had 4+ to 5-/5 upper extremity strength and also had electrodiagnostic testing of August 12, 2014 which was suggestive of radiculopathy at the C7 level. The attending provider stated that the C5-C6, C6-C7 procedure at issue was being performed for potential diagnostic benefit and/or therapeutic benefit. The attending provider did acknowledge, however, that the

applicant was not working, was off of work, on total temporary disability. The applicant's medication list was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at C5-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9.

Decision rationale: 1. No, the request for a cervical epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question represents a request for repeat epidural steroid injection. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was/is off of work as of the December 2014 progress note on which the repeat epidural steroid injection was proposed, suggesting a lack of functional improvement as defined in MTUS 9792.20f. The attending provider's own self-report suggested that the applicant has likewise failed to profit through the prior epidural steroid injection. Therefore, the request was not medically necessary.