

Case Number:	CM15-0219371		
Date Assigned:	11/12/2015	Date of Injury:	06/28/2000
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/07/2015

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 45-year-old who has filed a claim for chronic low back, knee, wrist, and neck pain reportedly associated with an industrial injury of June 28, 2000. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve a request for Celestone injection to the cervical spine. A September 29, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On said September 29, 2015 office visit, the applicant reported ongoing issues with neck, back, wrist, and knee pain. Derivative complaints of anxiety and depression were reported. Standing and walking remain problematic, the treating provider noted. The applicant was placed off of work, on total temporary disability, while Norco, tramadol, Ambien, and oral Voltaren were endorsed. The applicant was given a Celestone injection in the clinic and placed off of work. On an earlier note dated August 4, 2015, the applicant was given multiple other injections, including Toradol, Decadron, and Depo-Medrol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Celestone 6 mg/ml injection for the right cervical spine, DOS 9/29/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck chapter, Corticosteroid injections.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: No, the request for Celestone (steroid) injection was not medically necessary, medically appropriate, or indicated here. As noted in MTUS Guideline in ACOEM Chapter 3, page 48, injections of corticosteroid or local anesthetics should be reserved for applicants who do not improve with more conservative therapies. The MTUS Guideline in ACOEM Chapter 3, page 48 notes that steroids can weaken tissues and predispose towards injury. Here, the attending provider failed to furnish a clear or compelling rationale for administration of a Celestone (steroid) injection in the face of the tepid ACOEM position on the same, particularly in the light of the fact that the applicant received multiple prior corticosteroid and NSAID injections on August 4, 2015, including a Decadron injection, Depo-Medrol, and a Toradol injection. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary in various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, on total temporary disability, despite receipt of multiple prior steroid injections on an earlier visit of August 4, 2015. The applicant remained dependent on opioid agents such as Norco, the treating provider acknowledged on the September 29, 2015 office visit in question. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of multiple prior steroid injections prior to the September 29, 2015 office visit at issue. Therefore, the request is not medically necessary.