

Case Number:	CM15-0056098		
Date Assigned:	04/01/2015	Date of Injury:	08/22/2011
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/24/2015

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 50-year-old who has filed a claim for chronic neck and shoulder pain with derivative complaints of depression, anxiety, and psychological stress reportedly associated with an industrial injury of August 22, 2011. In a Utilization Review report dated March 17, 2015, the claims administrator failed to approve a steroid injection at C7-T1. The claims administrator contended that the applicant had had earlier unsuccessful cervical epidural steroid injections over the course of the claim. The applicant's attorney subsequently appealed. In a progress note dated February 12, 2015, the applicant reported ongoing complaints of neck pain radiating into the right arm. Ancillary complaints of low back pain were reported. The applicant was using a cane to move about. The applicant was also using a back brace and a TENS unit on a daily basis, the treating provider reported. The applicant's medication list included Norco, Neurontin, Flexeril, and Protonix. The applicant's BMI was 21. Multiple medications were refilled. An unspecified topical compound was also endorsed, as were physical therapy and a Medrol Dosepak. A cervical epidural steroid at C7-T1 was endorsed, along with multilevel lumbar medial branch blocks. The applicant's work status was not clearly stated. The applicant had developed derivative complaints of anxiety and depression, it was acknowledged. The applicant had undergone earlier failed cervical and lumbar spine surgeries, the treating provider further stated. On January 15, 2015, the attending provider reiterated his request for cervical epidural steroid injection therapy. Once again, the applicant reported ongoing complaints of neck pain radiating into the arm. The applicant's work status was not explicitly stated on this occasion, either. On October 21, 2014, the applicant was placed off of work, on total temporary

disability, from a chronic pain perspective. The applicant's psychologist also placed the applicant off of work, on total temporary disability, in a separate note dated October 21, 2014, from a mental health perspective. The applicant was again placed off of work on November 5, 2014 from a mental health perspective. On November 18, 2014, the applicant's primary treating provider (PTP), an orthopedist, again placed the applicant off of work, on total temporary disability, for an additional six weeks. The applicant was, once again, placed off of work, on total temporary disability on December 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: No, the request for a cervical epidural steroid injection at C7-T1 was not medically necessary, medically appropriate, or indicated here. The request in question did seemingly represent a request for a repeat cervical epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged, despite receipt of earlier cervical epidural steroid injections. The applicant was having difficulty performing activities of daily living as basic as standing and walking, it was acknowledged on a progress note of February 12, 2015, was apparently using a cane to move about. The applicant remained dependent on opioid agents such as Norco and non-opioid adjuvant medications such as Neurontin. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier cervical epidural steroid injections. Therefore, the request for a repeat cervical epidural steroid injection at C7-T1 was not medically necessary.