

Case Number:	CM15-0066468		
Date Assigned:	04/14/2015	Date of Injury:	05/30/2003
Decision Date:	07/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/08/2015

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 55-year-old who has filed a claim for chronic neck, shoulder, hand, and wrist pain reportedly associated with an industrial injury of May 30, 2003. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve requests for a cervical epidural steroid injection, associated catheter placement, epidurography, and fluoroscopy. The claims administrator referenced a RFA form and/or progress note of March 2, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated March 2, 2015, authorization was sought for a C7-T1 transforaminal epidural steroid injection. In an associated progress note dated March 2, 2015, the applicant reported 7/10 neck pain radiating into the right arm with associated bilateral upper extremity paresthesias, right greater than left. The applicant reported 7/10 pain without medications versus 4/10 with medications. The applicant was given refills of Percocet, Pamelor, and Ambien. The attending provider stated that the applicant had a bona fide, corroborated radiculopathy. Epidural steroid injection therapy was sought. It was stated that the applicant was working regular duty despite ongoing pain complaints. In a January 26, 2015 progress note, the attending provider again stated that the applicant was working regular duty and had received 70% pain relief from a previous epidural steroid injection administered on May 23, 2015. The applicant was returned to regular duty work. The attending provider reiterated his request for a C7-T1 epidural steroid injection. The attending provider stated that he thought the applicant would ultimately require epidural injections approximately annually. The applicant was again described as working regular duty as of a December 1, 2014 progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 translaminar epidural steroid injection Quantity: 1.00: Overturned

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

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

Decision rationale: Yes, the request for a C7-T1 epidural steroid injection is medically necessary, medically appropriate, and indicated here. The request in question was framed as a request for a repeat cervical epidural steroid injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant demonstrated prima facie evidence of functional improvement as defined in MTUS 9792.20e as evinced by her maintenance of full-time, regular duty work status from the same. The applicant also reported a 70% reduction in pain scores following receipt of previous epidural injection in 2014, as suggested above. Moving forward with repeat epidural steroid injection, thus, was indicated, given the applicant's seemingly favorable response to the prior block. Therefore, the request was medically necessary.

Injection, including indwelling catheter placement/continuous infusion or intermittent bolus of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution) Quantity: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the request for an injection to include catheter placement was likewise medically necessary, medically appropriate, and indicated here. This is a derivative or companion request, one which accompanied the primary request for a cervical epidural steroid injection. Since that request was deemed medically necessary, the request for associated catheter placement was likewise medically necessary.

Epidurography Quantity: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the request for epidurography was likewise medically necessary, medically appropriate, or indicated here. This is another derivative or companion request, one which accompanied the primary request for cervical epidural steroid injection. Since that request was deemed medically necessary, the derivative or companion request for associated epidurography was likewise medically necessary.

With fluoroscopy Quantity: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Finally, the request for fluoroscopy was likewise medically necessary, medically appropriate, and indicated here. This is another derivative or companion request, one which accompanied the primary request for a cervical epidural steroid injection. Since that was deemed medically necessary, the derivative or companion request for associated fluoroscopy was likewise medically necessary, particularly in light of the fact that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that all cervical epidural steroid injections be performed using fluoroscopy for guidance. Therefore, the request was medically necessary.