

<b>Case Number:</b>	CM14-0126241		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 January 10, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and earlier shoulder surgery. In a Utilization Review Report dated July 23, 2014, the claims administrator denied a request for a "trial of epidural steroid injections at C5-C6." The claims administrator also denied a request for a consultation. The claims administrator invoked non-MTUS Chapter 7 ACOEM Guidelines to deny the consultation and mislabeled the same as originating from the MTUS. The claims administrator stated that he was basing his decision on a request for authorization form dated July 16, 2014. The applicant/applicant's attorney subsequently appealed. In a September 16, 2014 progress note, the applicant complained that she had not received the Utilization Review Report in a timely manner and, thus, the applicant seemingly stated that the bulk of previous treatment had focused on her issues with neck pain and that she had not had much in the way of treatment for her cervical spine. In a request for authorization form dated June 24, 2014, the attending provider sought authorization for a cervical MRI. On May 16, 2014, an additional 12 sessions of physical therapy were sought. Cervical MRI imaging of June 26, 2014 was notable for C5 through C6 moderate left-sided foraminal stenosis and mild central canal stenosis at C4-C5 and C7-T1 levels. In a progress note dated July 11, 2014, the applicant was described as having persistent complaints of left-sided cervical radiculopathy. The attending provider gave the applicant a diagnosis of left C5-C6 cervical radiculopathy. The applicant was described as having normal muscle strength, intact sensorium, and symmetric reflexes. A "trial of a cervical epidural at the C5-C6 level on the left" was sought while the applicant was placed off of work,

on total temporary disability. In an earlier note dated June 5, 2014, the applicant was again placed off of work, on total temporary disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Trial of Epidural Steroid Injections to C5-C6: Upheld**

**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 Page(s): 46.

**Decision rationale:** While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radiculopathy, as is present here, it qualifies this recommendation by noting that pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, the treating provider has seemingly sought authorization for multiple injections without a proviso to reevaluate the applicant between the proposed injections to ensure functional improvement with the first block. The request, then, runs counter to MTUS parameters and principles. Accordingly, the request is not medically necessary.

#### **Cervical spine consultation with [REDACTED]: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work, on total temporary disability. The applicant has failed to respond favorably to earlier conservative measures. Obtaining the added expertise of a physician in another specialty, then, is indicated. Accordingly, the request is medically necessary.