

Case Number:	CM14-0129124		
Date Assigned:	09/22/2014	Date of Injury:	04/14/1997
Decision Date:	10/27/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/13/2014

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 April 14, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar epidural steroid injection therapy in June and July 2013, earlier cervical epidural steroid injection therapy in August and December 2013; subsequent lumbar epidural steroid injection therapy in February 2014; a TENS unit; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 31, 2014, the claims administrator apparently modified/partially certified requests for repeat cervical/lumbar epidural blocks. The applicant's attorney subsequently appealed. In a February 12, 2014 progress note, the applicant presented reporting persistent complaints of low back and neck pain. The applicant was using and requested to continue brand name Duragesic, Topamax, Lunesta, and several topical compounded medications. The attending provider posited that the applicant's chronic regional pain syndrome was reportedly ameliorated through earlier epidural blocks. The applicant's work status was not furnished, although it did not appear that the applicant was working. On July 26, 2014, the applicant stated that his CRPS in the upper limb was again flaring. Authorization for a "new series of three injections" was requested for both lumbar and cervical spines. The applicant was still using Duragesic. The applicant's work status was not furnished. The applicant was also using a topical compounded drug, Lunesta, and Topamax, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical block at C6-7 or C7-T1 and Mid Axial with Fluoroscopy and Epidurography # 3:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 39.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic. Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, a series of three epidural steroid injections is not recommended in either the diagnostic or therapeutic phase. It is further noted that pursuit of repeat injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant is seemingly off of work. The applicant remains highly reliant and highly dependent on opioid and nonopioid agents such as Duragesic and Topamax. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior blocks over the course of the claim. Therefore, the request for a series of three cervical epidural steroid injections at C6-7 or C7-T1 and Mid Axial with Fluoroscopy and Epidurography is not medically necessary and appropriate.

Lumbar block at L3-4 or L4-5 on the Right Side with Fluoroscopy and Epidurography # 3:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 39.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic. Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, a series of three epidural injections is not recommended either in the diagnostic or therapeutic phase of a claim. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, the applicant is seemingly off of work. The applicant remains highly dependent on opioid and nonopioid medications, including Duragesic and Topamax. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite several prior blocks over the course of the claim. Therefore, the request for additional Lumbar block at L3-4 or L4-5 on the Right Side with Fluoroscopy and Epidurography # 3 is not medically necessary and appropriate.