

Case Number:	CM14-0129136		
Date Assigned:	08/18/2014	Date of Injury:	03/18/1999
Decision Date:	10/09/2014	UR Denial Date:	07/22/2014
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 March 18, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of acupuncture; earlier shoulder surgery; unspecified amounts of physical therapy; and at least one prior epidural steroid injection in 2012. In a Utilization Review Report dated July 22, 2014, the claims administrator denied a request for a C7-T1 epidural steroid injection. The applicant's attorney subsequently appealed. On June 12, 2014, the applicant reported persistent 5/10 neck pain. Acupuncture was pending. The applicant was on Lidoderm, Ambien, naproxen, Prilosec, aspirin, Zocor, Tenormin, hydrochlorothiazide, Lipitor, and Allegra, it was stated. The applicant was not smoking, it was noted. The applicant had a BMI of 27. Multiple medications were renewed. Further cervical epidural steroid injection therapy was sought. The applicant's work status was not clearly outlined. In a July 10, 2014 progress note, the applicant reported 5/10 neck and bilateral shoulder pain. The applicant stated that medications were working. The attending provider went on to appeal the previously denied cervical epidural steroid injection. The applicant was described as exhibiting persistent complaints of neck pain. The applicant did have a positive Spurling maneuver; it was suggested, with limited cervical range of motion noted. The attending provider stated that the earlier cervical epidural injection was successful. It was suggested that the applicant had returned to work after the 2012 injection, although it was not stated whether or not the applicant was presently working. In an earlier note dated May 15, 2014, the applicant again presented with bilateral shoulder pain. There was no mention of any cervical radicular complaints. The applicant was asked to pursue cervical epidural injection. The applicant was using Tylenol No. 4, Lidoderm, Ambien, naproxen, Prilosec, aspirin, Zocor, Tenormin, hydrochlorothiazide, Lipitor,

it was stated at that point in time. The applicant's work status was, once again, not outlined. Acupuncture was not endorsed. In a Medical-Legal Evaluation of June 6, 2014, it was stated that the applicant was not working and had not worked since September 2010.

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 topic. Page(s): 46.

Decision rationale: The request in question represents a repeat epidural injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, repeat epidural steroid 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 earlier epidural injection has failed to curtail the applicant's medication consumption. The applicant remains highly reliant and highly dependent on various opioid and non-opioid medications, including Tylenol No. 4, Lidoderm, Ambien, naproxen, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite one prior epidural injection. Therefore, the request for a repeat cervical epidural steroid injection at C7-T1 is not medically necessary.