MAXIMUS Federal Services

| Case Number: | CM14-0142421 | | |
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| Date Assigned: | 09/10/2014 | Date of Injury: | 05/09/2011 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 08/18/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

## 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 patient is a represented State of California employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 9, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; and epidural steroid injection therapy. In a Utilization Review Report dated August 18, 2014, the claims administrator denied a request for a repeat C6-C7 cervical epidural steroid injection. The patient's attorney subsequently appealed. In a June 10, 2014 progress note, the patient reported persistent complaints of neck pain radiating into the trapezius muscles. Headaches, blurry vision, and bilateral leg pain were also reported. The patient was not working, it was acknowledged. The patient was using naproxen, Prilosec, Prozac, Neurontin, and Motrin, it was further noted. The patient had been given an 11% whole-person impairment rating through an agreed medical evaluator, it was suggested. The patient had a reportedly normal brain MRI. A rather proscriptive 20-pound lifting limitation was endorsed, which the attending provider acknowledged the patient's employer was unable to accommodate. In a progress note dated July 22, 2014, repeat cervical epidural injection therapy was sought. The patient reported persistent complaints of neck pain radiating into the right arm. The patient was again not working, it was reiterated. The patient was using naproxen, Neurontin, Prozac, and Levoxyl, it was stated.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**INJECTIONS-REPEAT CERVICAL ESI AT C6-7:** Upheld

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

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant is off of work. The attending provider has continued to renew a rather proscriptive 20-pound lifting limitation, unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including a variety of analgesia, adjuvant, psychotropic medications, including naproxen, Neurontin, Prozac, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f through the prior cervical epidural steroid injection. Therefore, the request for a repeat injection is not medically necessary.