

Case Number:	CM14-0089938		
Date Assigned:	09/10/2014	Date of Injury:	05/10/2006
Decision Date:	10/31/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/13/2014

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, has a subspecialty in Preventive 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 May 10, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier disk replacement surgery; opioid therapy; topical agents; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and reported return to work, per the claims administrator. In a Utilization Review Report dated May 15, 2014, the claims administrator denied a request for a cervical epidural steroid injection and denied an associated follow-up visit. The claims administrator stated that the applicant did not have compelling evidence of radiculopathy at the level in question did acknowledge that earlier cervical MRI imaging of July 27, 2010 was notable for postoperative changes at C5-C6 which obscured virtually all detail at this level. The applicant's attorney subsequently appealed. In an August 5, 2014 progress note, the applicant reported persistent complaints of neck pain radiating into the left shoulder/left arm. The applicant was using Dendracin, tramadol, Relpax, and Motrin, it was acknowledged. The applicant did exhibit a normal gait with limited cervical range of motion noted. Spurling maneuver was negative. The applicant exhibited 5/5 strength in all major muscle groups. The applicant was given diagnosis of cervical radiculitis versus cervical postlaminectomy syndrome versus myofascial pain syndrome. Cervical epidural steroid injection therapy was sought on the grounds that the applicant had failed to respond to less invasive maneuvers. Tramadol and regular duty work were also endorsed. In an earlier note dated November 18, 2013, the attending provider gave the applicant diagnosis of myofascial pain syndrome and cervical facet arthropathy. The applicant was asked to pursue cervical radiofrequency ablation procedure at that point in time. In a handwritten note dated July 18, 2014, the applicant reported persistent complaints of neck pain, reportedly constant, radiating down

both arms. Limited cervical range of motion was again appreciated with 5/5 motor strength appreciated. Pamelor, home exercises, and a cervical epidural injection were sought. The remainder of the file was surveyed. There was no evidence that the applicant had had a prior cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar Epidural T1-2 via Catheter up to C6-7: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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, epidural steroid injections are an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does qualify its position, however, by noting that up to two diagnostic blocks are recommended. In this case, the applicant has apparently had earlier cervical MRI imaging which was obscured by postsurgical artifact. The information on file suggested that the applicant has not had prior cervical epidural steroid injection therapy. A trial diagnostic block (and potentially therapeutic) block is indicated, given the applicant's having plateaued with other treatments, including time, medications, physical therapy, acupuncture, earlier cervical disk replacement surgery, etc. Therefore, the request is medically necessary.

Re-check Appointment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 177, physician follow-up might be expected every 7-14 days if an applicant is working, as is the case here. In this case, the applicant is set to undergo an epidural steroid injection, approved above. Physician follow-up following completion of the same is, by analogy, indicated. Therefore, the request is medically necessary.