

Case Number:	CM14-0212591		
Date Assigned:	12/30/2014	Date of Injury:	11/17/2008
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 November 17, 2008. In a Utilization Review Report dated November 18, 2014, the claims administrator denied a request for two cervical epidural steroid injections at C7-T1. The claims administrator referenced an October 14, 2014 progress note in the determination. The applicant's attorney subsequently appealed. In a progress note dated October 10, 2014, the applicant reported ongoing complaints of back and hip pain. Norco and omeprazole were renewed. The applicant was asked to follow up with a cervical spine specialist. The applicant's BMI was 24. In a medical-legal evaluation dated October 10, 2012, it was noted that the applicant had undergone an earlier right shoulder arthroscopy procedure. The applicant also had cervical MRI imaging of March 17, 2011 notable for a C5-C6 disk herniation with associated C6 nerve root compression. The applicant was given a 12% whole person impairment rating. Permanent work restrictions were apparently imposed. The applicant was not working as the medical-legal evaluator stated that the applicant was deemed a qualified injured worker. In a June 4, 2014 progress note, the treating provider noted that the applicant had undergone two prior shoulder surgeries and reported residual complaints of 9/10 neck and shoulder pain. A Medrol Dosepak was endorsed, along with doxazosin, hydrochlorothiazide, and finasteride. The applicant was given trigger point injections in the clinic. On October 14, 2014, the applicant reported persistent complaints of neck pain. Guarded range of motion was noted about the cervical spine. Full strength was noted about the upper extremities. The applicant was given a diagnosis of chronic neck pain versus cervical disk degeneration. A trial of two cervical epidural steroid injections was endorsed. It was explicitly stated that the applicant had no radicular complaints on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 C7-T1 epidural injections: Upheld

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

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

Decision rationale: The proposed series of two cervical epidural steroid injections is not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that cervical epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electro diagnostically confirmed, in this case, however, the requesting provider acknowledged on October 14, 2014 that the applicant did not, in fact, have any active radicular complaints or radicular symptoms. Epidural steroid injection therapy is not, thus, indicated in the clinical context present here. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines states that pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the attending provider sought authorization for a series of two epidural steroid injections without any proviso to reevaluate the applicant between injections so as to ensure a favorable response to the same before moving forward with repeat injection. Therefore, 2 C7-T1 epidural injections are not medically necessary.