

Case Number:	CM14-0215965		
Date Assigned:	01/06/2015	Date of Injury:	09/15/1980
Decision Date:	03/03/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/23/2014

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:

CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 15, 1980. In a Utilization Review Report dated December 5, 2014, the claims administrator denied a request for epidural steroid injection therapy and facet injections. The claims administrator referenced an RFA form received on November 26, 2014, and a progress note dated November 21, 2014. The applicant had had previous cervical epidural steroid injection therapy and previous cervical facet injections, the claims administrator contented. The applicant's attorney subsequently appealed. The applicant seemingly received trigger point injections via a handwritten rheumatology note dated January 8, 2015. The applicant reported various issues including degenerative disk disease, fibromyalgia, arthritis, gastroesophageal reflux disease, chronic pain syndrome, and benign prostatic hypertrophy. Large portions of progress notes were extremely difficult to follow. The remainder of the file was surveyed. The November 21, 2014 progress note, which the claims administrator based its decision upon was not incorporated into the independent medical review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RT C4-5 cervical epidural between 11/25/2014 and 3/2/2015.: Upheld

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

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

Decision rationale: The request for a C4-C5 cervical epidural steroid injection is not medically necessary, medically appropriate, or indicated here. The request in question does represent a request for repeat cervical epidural steroid injection therapy. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural injections are recommended as an option in the treatment of radicular pain, this recommendation is, however, qualified by further commentary made on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant's work and functional status were not clearly outlined. The November 21, 2014 progress note in which the claims administrator predicated its decision upon was not incorporated into the independent medical review packet. The provided progress notes, furthermore, seemingly suggest that the applicant's primary pain generators were, in fact, fibromyalgia versus degenerative disease, as opposed to a bona fide cervical radiculopathy disorder. Therefore, the request was not medically necessary.

1 bilateral C3-4 & C4-5 facet joint intra-articular steroid injections under fluoroscopic guidance and IV sedation.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8; page 181.

Decision rationale: Similarly, the proposed C3-C4 and C4-C5 facet intra-articular joint injections under fluoroscopic guidance are likewise not medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, facet injections of corticosteroids, the article at issue here, are deemed 'not recommended.' In this case, it is further noted that the November 21, 2014 progress note in which the claims administrator predicated its decision upon was not incorporated into the independent medical review packet. The applicant's response to earlier cervical facet injections was not clearly outlined or detailed. The presence or absence of functional improvement in terms of parameters established in MTUS 9792.20f with earlier facet injections was not detailed. Therefore, the request was not medically necessary.