

Case Number:	CM15-0017147		
Date Assigned:	02/05/2015	Date of Injury:	11/25/2013
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/29/2015

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 neck and mid back pain reportedly associated with an industrial injury of November 21, 2013. In a Utilization Review Report January 21, 2015, the claims administrator failed to approve a request for C5-C6 epidural injection. The claims administrator contended that the applicant had developed multifocal pain complaints secondary to cumulative trauma at work. The applicant had had one prior epidural steroid injection, the claims administrator contended. An RFA form received on January 14, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. Electrodiagnostic testing of bilateral upper extremities dated July 15, 2014 was interpreted as normal. On January 2, 2015, the applicant reported persistent complaints of neck pain reportedly attributed to a left C6 radiculopathy. The applicant had had an epidural steroid injection one month prior. A 10-pound lifting limitation was endorsed. The attending provider suggested that the applicant would likely require a second epidural steroid injection. The applicant had received an earlier cervical epidural injection on November 28, 2014. Cervical MRI imaging of March 25, 2014 was notable for multilevel disk bulging at C4-C5 and C5-C6 levels generating neuroforamen narrowing of varying degrees. In an earlier note dated April 18, 2014, the applicant reported ongoing complaints of neck and low back pain. The applicant was again given diagnosis of cervical radiculopathy. The applicant's work status was not clearly detailed. The applicant had apparently been placed under covert surveillance by the claims administrator. In an earlier note dated May 25, 2014, the applicant was given the same,

unchanged 10-pound lifting limitation. On August 20, 2014, the same, unchanged 10-pound lifting limitation was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second epidural steroid injection at C5-6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R..

Decision rationale: 1. No, the request for a repeat cervical epidural steroid injection was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant had failed to demonstrate clear or compelling evidence of functional improvement as defined in MTUS 9792.20f with earlier blocks, the same, unchanged, 10-pound lifting limitation remains in place, seemingly unchanged, from visit to visit, despite receipt of at least one prior epidural steroid injection. The attending provider has likewise failed to outline any meaningful or material improvements in function or significant reductions in medication consumption effected as a result of the prior epidural steroid injection. All of the foregoing, taken together, suggests a lack of ongoing functional improvement as defined in MTUS 9792.20f, despite receipt of at least one prior epidural steroid injection. Therefore, the request was not medically necessary.