

Case Number:	CM15-0112315		
Date Assigned:	06/18/2015	Date of Injury:	11/15/2013
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/10/2015

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, New York, 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 41-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of November 15, 2013. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve a request for a cervical epidural steroid injection. The applicant's attorney subsequently appealed. On February 3, 2015, the applicant reported ongoing complaints of neck, wrist, hand, and shoulder pain. The applicant was on Tylenol No. 3 and Lunesta, it was reported. Ancillary complaints of migraine headaches were reported. Radiation of pain to the right arm was appreciated. In a May 14, 2015 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck and shoulder pain. The note was very difficult to follow and not altogether legible. On May 20, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant's shoulder surgeon apparently sought authorization for shoulder surgery on that date. In a progress note date April 28, 2015, the applicant reported ongoing complaints of neck pain, shoulder pain, and migraine headaches. The applicant had undergone a cervical epidural steroid injection on March 2, 2015, it was reported. The applicant was still using Tylenol No. 3 for pain relief and Lunesta for sleep. 6/10 pain complaints were reported. A repeat epidural steroid injection was sought while Tylenol No. 3, Lunesta, and Prilosec were renewed. The applicant's work status was not clearly detailed. Activities of daily living to include lifting remained problematic.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-C7 interlaminar epidural steroid injection times 1 with Touhy needle positioned to the right of the midline: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: No, the request for a 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, the request in question was framed as a request for repeat epidural steroid injections. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant did not appear to have effected significant analgesia and functional improvement with an earlier epidural steroid injection on March 2, 2015. The applicant continued to report pain complaints as high as 6-7/10, it was reported on or around the date of the request, April 28, 2015. The previous epidural steroid injection failed to curtail the applicant's dependence on opioid agents such as Tylenol No. 3. The applicant was off of work, on total temporary disability, despite receipt of prior epidural steroid injection. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least one prior cervical epidural steroid injection. Therefore, the request for a repeat epidural steroid injection was not medically necessary.