

Case Number:	CM15-0129311		
Date Assigned:	07/15/2015	Date of Injury:	02/17/2014
Decision Date:	08/13/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/02/2015

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 54-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 17, 2014. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve a request for a "third cervical epidural steroid injection." The claims administrator referenced the misnumbered "page 80" of the MTUS Chronic Pain Medical Treatment Guidelines in its determination. The claims administrator referenced progress notes of May 12, 2015 and June 9, 2015 in its determination. The applicant's attorney subsequently appealed. In a work status report dated July 7, 2015, a rather proscriptive 10-pound lifting limitation was endorsed. In an associated progress note dated July 7, 2015, the applicant reported ongoing complaints of neck, shoulder, and arm pain. The applicant had received two prior epidural steroid injections, it was acknowledged. The attending provider posited that these injections had been beneficial. A 10-pound lifting limitation was endorsed. It was not explicitly stated whether the applicant was or was not working with said limitations in place. The applicant's medication list was not outlined. On June 9, 2015, the same, unchanged, 10-pound lifting limitation was endorsed. The claims administrator had received chiropractic manipulative therapy in June 2015 and acupuncture in February 2015, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third cervical epidural steroid injection (ESI) C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for a third epidural injection at C6-C7 was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, current research does not support a series of three epidural injections in either the diagnostic or therapeutic phase. Rather, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, it did not appear that the applicant had demonstrated functional improvement with earlier blocks in terms of the parameters established in MTUS 9792.20e. A rather proscriptive 10-pound lifting limitation was renewed on July 7, 2015, unchanged from prior visits. The applicant remained dependent on other forms of medical treatment to include acupuncture, manipulative therapy, and physical therapy. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of two prior cervical epidural injections. Therefore, the request for a repeat epidural steroid injection was not medically necessary.