

Case Number:	CM15-0171938		
Date Assigned:	09/14/2015	Date of Injury:	06/19/2014
Decision Date:	10/21/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/01/2015

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 [REDACTED] beneficiary who has a filed claim for chronic neck pain reportedly associated with an industrial injury of June 19, 2014. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve a request for a cervical epidural steroid injection. The claims administrator contented that the applicant had two prior cervical epidural steroid injections in November 2014 and had reportedly failed to profit from the same. The claims administrator also referenced an October 5, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On August 26, 2015, the applicant reported ongoing complaints of neck pain radiating to the left arm, progressively worsening over time, 7 to 10/10. The applicant is on Tylenol with Codeine, Naprosyn, tramadol and Ultracet, it was reported. A repeat cervical epidural steroid injection was seemingly endorsed. The applicant's work status was not stated. On August 5, 2015, the attending provider contented that the two prior cervical epidural steroid injections on November 12, 2014 had helped the applicant for several months. The applicant was on Celebrex, Zanaflex, Tylenol with Codeine, Naprosyn, and Ultracet, it was reported. Once again, the applicant's work status was not reported. A repeat epidural steroid injection was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection (No Specific Level for Injection Requested): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: No, the request for a cervical epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for repeat epidural steroid injection. The applicant was described as having had two prior cervical epidural steroid injections in November 2014 alone. However, page 46 of the MTUS Chronic Pain Medical Treatment Guideline stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant's work status was not reported on office visits of August 26, 2015 or August 5, 2015, suggesting that the applicant was not, in fact, working. The applicant remained dependent on a variety of analgesic and adjuvant medications to include Celebrex, Zanaflex, Tylenol with Codeine, Naprosyn, and Ultracet; it was reported on August 5, 2015. 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 steroid injections. Therefore, the request for a repeat cervical epidural steroid injection was not medically necessary.