

<b>Case Number:</b>	CM15-0175856		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	07/09/2001
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 9, 2001. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for a cervical epidural steroid injection. The claims administrator referenced an RFA form dated August 19, 2015 and an associated office visit of the same date in its determination. The applicant's attorney subsequently appealed. On August 28, 2014, the attending provider stated that the applicant had had two prior epidural steroid injections, in November 2013 and April 2014. The applicant was off of work, it was acknowledged, owing to ongoing complaints of neck pain radiating to the left arm. The applicant was "unable to work," it was stated in various sections of the note. The applicant was placed off of work, on total temporary disability. The applicant was in the process of applying for State Disability Insurance (SDI) and Social Security Disability Insurance (SSDI), it was acknowledged. On July 14, 2015, the applicant reported ongoing complaints of neck pain radiating to the left upper extremity. The applicant was off of work and had received "permanent disability," it was acknowledged on this date. A repeat cervical epidural steroid injection was proposed while Flexeril, Motrin, and Lyrica were seemingly renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection, C5-C7: 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 injection was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a repeat epidural steroid injection request, it was acknowledged on multiple progress notes, referenced above, including on the July 14, 2015 office visit at issue. 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 was off of work, it was reported on July 14, 2015. The applicant had received permanent disability benefits; it was reported on that date. The applicant remained dependent on a variety of analgesic and adjuvant medications to include Motrin, Lyrica, Flexeril, etc., it was reported on July 14, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of multiple prior cervical epidural steroid injections. Therefore, the request for a repeat epidural steroid injection was not medically necessary.