MAXIMUS Federal Services

Case Number:	CM15-0096733		
Date Assigned:	05/27/2015	Date of Injury:	06/22/2011
Decision Date:	07/02/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/19/2015

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 51-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 22, 2011. In a Utilization Review report dated April 25, 2015, the claims administrator failed to approve a request for a cervical epidural steroid injection. A RFA form received on April 16, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated March 12, 2015, the applicant was placed off of work, on total temporary disability, while Naprosyn, Prilosec, Tramadol, acupuncture, chiropractic manipulative therapy, physical therapy, and three consecutive epidural steroid injections were endorsed. The applicant was given diagnoses of cervical strain, shoulder internal derangement, bilateral wrist sprains, headaches, anxiety, and depression. In a RFA form dated March 12, 2015, the attending provider stated that he was seeking authorization for cervical epidural steroid therapy, between C3-C5 levels x3. It was not stated whether the applicant had or had not had previous epidural injections or not. The attending provider also sought three epidural steroid injections on a progress note of February 12, 2015. On that date, the applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at the levels C3-C5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46, 63-67.

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 at C3-C5 was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural injections are recommended as an option in the treatment of radiculopathy, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this position by noting that radiculopathy should be corroborated by imaging studies and/or electro diagnostic testing. Here, however, the attending provider did not state whether or not the applicant had corroborative findings of radiculopathy at the levels in question. The multifocal nature of the applicant's pain complaints, which included the neck, shoulder, wrist, head, psyche, etc., did, moreover, call into the question the presence of a bona fide cervical radiculopathy. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant's response to previous epidural blocks (if any) was not detailed. It was not clearly stated whether the request was a first-time request or a request for a repeat epidural injection. Therefore, the request was not medically necessary.