MAXIMUS Federal Services

Case Number:	CM15-0098155		
Date Assigned:	05/29/2015	Date of Injury:	10/03/2005
Decision Date:	07/02/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/21/2015

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 55-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 13, 2005. In a Utilization Review report dated May 7, 2015, the claims administrator failed to approve requests for C4-C5 and C5-C6 epidural steroid injection(s). The UR report did use the plural terminology (i.e., injections). The claims administrator contended that the applicant had had previous epidural steroid injections as recently as March 20, 2015. Progress notes of April 6, 2015 and February 20, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On April 14, 2015, the applicant reported ongoing pain complaints. The applicant had had recent epidural steroid injections, including on March 20, 2015, it was acknowledged. Ongoing complaints of neck pain radiating into bilateral shoulders was reported. The applicant denied any depressive issues. Facetogenic tenderness was appreciated, as were cervical paraspinal tenderness and left trapezius tenderness. 4-5/5 left upper extremity strength versus 5/5 right upper extremity strength. Some hyposensorium about the C5-C6 dermatome was appreciated. Therapeutic cervical epidural steroid injections were sought. The applicant was also asked to consult a spine surgeon and continue unspecified medications. It was stated that the applicant could potentially be a candidate for orthopedic spine surgery. The applicant's work status was not stated on this date. In a handwritten note dated April 6, 2015, it was acknowledged that the applicant was not working with a rather proscriptive 10-pound lifting limitation in place. The applicant's medication list was not clearly detailed but apparently included Neurontin, Pamelor, dietary supplements, Flector patches, Colace, Prilosec, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C4-C5 and left C5-C6 transfacet epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: No, the request for a C4-C5 and C5-C6 cervical epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question represented a request for a repeat cervical epidural steroid injection therapy. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off of work, despite receipt of an earlier epidural steroid injection in March 2015. A rather proscriptive 10-pound limitations was renewed, unchanged, from visit to visit. Receipt of earlier cervical epidural steroid injection failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier cervical epidural steroid injection (s). Therefore, the request was not medically necessary.