MAXIMUS Federal Services

Case Number:	CM13-0057091		
Date Assigned:	12/30/2013	Date of Injury:	10/30/2007
Decision Date:	04/09/2015	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/25/2013

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 October 30, 2007.In a Utilization Review Report dated November 21, 2013, the claims administrator failed to approve two cervical epidural steroid injections. The claims administrator referenced an RFA form received on November 14, 2013 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated November 14, 2013, somewhat blurred as a result of repetitive photocopying, two epidural steroid injections were endorsed. In an associated progress note of November 5, 2013, the applicant reported ongoing complaints of 9/10 neck pain radiating into the bilateral upper extremities. The applicant was using Norco and aspirin. Facetogenic tenderness was appreciated on exam. The applicant was severely obese, standing 5 feet 7 inches tall, weighing 341 pounds. Hyposensorium was noted about the arms. Two consecutive epidural steroid injections were endorsed. Norco and Robaxin were renewed. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 bilateral C5-C6 and C6-C7 transfacet epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat cervical epidural steroid injection is predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the attending provider's request for two consecutive cervical epidural steroid injections, thus, ran counter to MTUS principles and parameters as it did not contain a proviso to re-evaluate the applicant after the first injection so as to ensure a favorable response to the same before moving forward with the decision to pursue second injection. Therefore, the request was not medically necessary.