Case Number:	CM13-0018050		
Date Assigned:	10/11/2013	**Date of Injury:**	02/17/2011
Decision Date:	01/02/2014	**UR Denial Date:**	08/07/2013
Priority:	Standard	**Application Received:**	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The underlying date of injury in this case is 02/17/2011. The patient's diagnoses include cervical radiculopathy, medial epicondylitis, rule out cubital tunnel syndrome left upper extremity, status post left shoulder subacromial decompression with arthroscopy, left shoulder rotator cuff tendinitis, and left shoulder acromioclavicular joint arthritis. At that time the patient reported no improvement with a second epidural injection with continued significant pain. On exam the patient was neurovascularly intact. No specific focal neurological deficit was noted. The patient was referred for spine surgery consultation for management of chronic pain. The treating physician note of 07/10/2013 notes that the patient had a minimal response to a C7-T1 injection and continued to have moderate to severe pain in the neck along the C7 and C8 distributions. The provider highly recommended a repeat cervical epidural steroid injections with catheter at C6 based on MRI findings of a herniated disc between C6 and C7. The radiology report of an MRI of the cervical spine of 10/18/2011 described a 2-mm posterior disc bulge at C6-7 effacing the ventral surface of the thecal sac without evidence of central stenosis or neural foraminal narrowing. An initial physician reviewer notes that neither imaging studies nor provocative orthopedic tests on exam demonstrated evidence of nerve root compression at C6 and that the request for a repeat cervical epidural injection was not medically indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Cervical epidural steroid injection (CESI) at C6 level (based on MRI findings):
Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on epidural injections, states, "There is insufficient evidence to make any recommendations for the use of epidural steroid injections to treat radicular cervical pain... Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The guidelines therefore provide only equivocal evidence in support of cervical epidural injections in general. A review of the records provided in this particular case, the patient had a minimal response to a first epidural injection and has only equivocal physical exam and radiographic evidence for cervical radiculopathy. Therefore, in both general and specific terms, the guidelines would not support the currently requested repeat epidural injection. The request for a repeat Cervical epidural steroid injection (CESI) at C6 level (based on MRI findings) is not medically necessary and appropriate.