

Case Number:	CM13-0060699		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2011
Decision Date:	12/05/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49 year old female with a date of injury on 7/26/2011. Diagnoses include shoulder sprain with impingement, cervical discogenic pain, cervical facet pain, lumbar discogenic pain, lumbar radiculitis, and major depression. Subjective complaints are of bilateral shoulder pain, and neck pain that was improved from prior epidural injections. Physical exam shows midline neck tenderness at C2-C6, facet tenderness, and painful range of motion. Sensory exam shows hypoalgesia in the left C6 nerve root, and there is weakness in the left upper extremity. Prior treatments have included medications, activity modification, therapy, acupuncture, IF unit, cervical epidural injection on 3/5/13 and 5/28/1013. Cervical MRI showed C5-6 osteophyte complexes. Cervical epidural provided over 50% relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

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

Decision rationale: CA MTUS notes that the purpose of epidural steroid injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. For therapeutic injections, repeat blocks should be based on continued objective pain relief and functional improvement, including at least 50% improvement for 6 to 8 weeks. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient, there was not objective evidence of radiculopathy on exam or definitive pathology on imaging. Therefore, the medical necessity of an epidural steroid injection is not established at this time.