

Case Number:	CM13-0066723		
Date Assigned:	01/03/2014	Date of Injury:	05/30/2008
Decision Date:	03/20/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/17/2013

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, has a subspecialty in Pain Management, 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. 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 51 year old female who was injured on 08/20/2012 while she developed pain in her neck, left shoulder, left elbow, and left wrist/hand due to repetitive excessive work activities. Prior treatment history has included medication, physical therapy and epidural injection; none of the treatments were helpful. The patient underwent a laminectomy of L5-S1 which helped her approximately for 4-5 months. Medications included Lidoderm patches, Advil and Vicodin. Cervical epidural steroid injection was at level C7-T1 and performed on 05/01/2013 and 12/11/2013. She did receive chiropractic treatment off and on for many years. Initial evaluation report dated 02/13/2013 dated documented the patient to have complaints of dull to sharp pain in the neck radiating to both shoulders and temporarily relieved with rest and medication. She also complains of dull to sharp pain in the left shoulder that occurs all of the time. The patient is taking medication for pain and spasm. Objective findings on exam included examination of the cervical spine showing tenderness and myospasm noted bilaterally along the cervical spine musculature. There are trigger points over the bilateral paravertebral muscles of the cervical spine. Cervical compression test is positive into the left arm. Examination of the left shoulder reveals tenderness of supraspinatus, infraspinatus, deltoid, teres major, teres minor, rhomboid, and rotator cuff muscles. Deep tendon reflexes are intact, symmetric and within limits and normal. Progress note dated 08/14/2013 documented the patient with complaints that the left neck, shoulder and upper extremity is either the same or some days it is worse. She describes severe back and neck pain and has numbness with pins and needles and shooting pain in the right leg. She notes pins and needles sensations in her left arm. Medication relieves her pain. Medications include: Advil PM, Colace, iron, multivitamins and Norco. Objective findings on exam included examination of the cervical spine revealing she is tender posteriorly in the cervical spine and tender in the posterolateral region of the cervical spine. The patient is tender

in the midline of the suboccipital region and tender in the left suboccipital region. Examination of the left shoulder reveals tenderness in the left shoulder, anteriorly, laterally and posteriorly and in the deltoid insertion of the left arm. There is positive Roos test in the left upper extremity and a negative Adson test. She is only slightly tender in the right shoulder. There is pain with impingement testing in the left shoulder. The patient is unable to tolerate strength testing in the left shoulder because of pain. Circumferential measurements of the upper extremities are equal bilaterally. The patient has Hyperalgesias throughout the left upper extremity with pinwheel testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (ESI) AT C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: According to the California MTUS guidelines, an epidural steroid injection is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). As per the guidelines, the criteria for the use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The medical records document the patient underwent previous epidural injections at C7-T1 on performed on 05/01/2013 and 12/11/2013. However, the medical records do not document that the patient obtained clinically significant improvement, as per the referenced guidelines, to support consideration for repeated injection. It is also noted that the medical records do not document subjective complaints and abnormal objective findings on neurologic examination, that correlate to MRI and/or electrodiagnostic findings of an active radiculopathy at the intended injection level. The request for a cervical epidural steroid injection (ESI) at C7-T1 is not medically necessary and appropriate.