

Case Number:	CM13-0072367		
Date Assigned:	01/08/2014	Date of Injury:	06/23/2013
Decision Date:	05/30/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 42 year old female who reported an injury on 06/23/2014. The mechanism of injury was not provided in the clinical documentation. The clinical note dated 09/23/2013 noted the injured worker reported headaches, neck and upper back pain rated 8/10, and left shoulder pain and upper arm pain rated 7-8/10. The injured worker reported the pain was associated with weakness in the left arm, numbness in the left thigh and swelling in the shoulder. The injured worker reported overhead reaching, lifting, pulling, twisting, bending, walking and sitting aggravate her symptoms. The injured worker had undergone 6 sessions of physical therapy and chiropractic treatment. The physical exam revealed on the left shoulder, Neer and Hawkins-Kennedy were positive. Manual muscle testing revealed 4/5 strength. An MRI on 08/22/2013 noted the injured client to have C3-C4 disc protrusion, C4-C5 disc osteophyte complex with mild thecal sac effacement, At C5-C6 broad-based central disc protrusion, C6-C7 normal. The provider recommended C7-T1 interlaminar cervical epidural steroid injection with catheter the authorization for this request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 INTERLAMINAR CERVICAL EPIDURAL STEROID INJECTION WITH CATHETER: Upheld

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

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

Decision rationale: The request for C7-T1 interlamniar cervical epidural steroid injection with catheter is not medically necessary. The injured worker reported headaches, neck and upper back pain rated 8/10, and left shoulder pain and upper arm pain rated 7-8/10. The injured worker reported the pain was associated with weakness in the left arm, numbness in the left thigh and swelling in the shoulder. The injured worker reported overhead reaching, lifting, pulling, twisting, bending, walking and sitting aggravate her symptoms. The California MTUS recommend epidural steroid injections as an option for treatment of radicular pain. The purpose of 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. The guidelines also note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment to exercises, physical methods, NSAIDs and muscle relaxants. As per the California guidelines there must be documentaiton of radiculopathy on the physical exam, there was no documentation provided in the clinical records submitted. The guidelines also recommend failure on conservative therapy, although there was documentation of six session of physical therapy and chirporactic treatment. There was lack of information noting if the therapy relieved any of the symptoms; and the provider also did not note if the injured worker had been on any medication to help aliveate the pain. In addition, there is a lack of significant pathology on the submitted MRI to support the proposed injections. Given the clinical information submitted the request for C7-T1 interlamniar cervical epidural steroid injection with catheter did not meet the California MTUS guidelines. Therefore, the request is not medically necessary and appropriate.