MAXIMUS Federal Services

Case Number:	CM14-0104878		
Date Assigned:	07/30/2014	Date of Injury:	04/25/2011
Decision Date:	09/26/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/08/2014

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, Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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 62 year old male with an injury date of 04/25/11. The 04/08/14 report by the treating physician states that the patient presents with a flare up of pain stated to be constant, sharp, stabbing neck pain radiating with numbness and tingling to the left upper extremity. The patient also presents with dull achy left shoulder pain that increases with activity and constant sharp, stabbing lumbar spine pain that radiates into his right buttock and posterior leg. He also presents with sleep deprivation related to pain. The patient was not working as of 01/17/14. Examination reveals the patient has difficulty in arm gesturing and restricting cervical active range of motion. Palpation reveals spasm in the left and right paravertebral muscle, left and right anterior scalen muscle and the left upper trapezius muscle. Upper extremity palpation and tenderness is positive for the left AC joint, subacromial space, capsule, soft tissues, and osseous structures. The 05/25/11 MRI of the left shoulder spine reports: Subacromial/subdeltoid bursal effusion, Mild glenohumeral joint effusion and Acromioclavicular joint arthropathy. The 07/09/14 report by the treating physician (post utilization review date) discusses the 05/27/11 cervical spine MRI interpreted by the treating physician that reveals disc desiccation at C4-5 with loss of the normal lordotic curvature indicative of mild spasms. At C2-3 there is a focal disc extrusion with superior migration effacing the thecal sac indenting the anterior spinal cord. There is moderate bilateral facet and ligamentum flavum hypertrophy. This MRI report was not provided. The patient's diagnoses include: Cervical spine herniated nucleus pulposes with radiculopathy, Left shoulder rotator cuff tear and Lumbar IVD syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C4-5, C5-6 cervical epidural steroid injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

Decision rationale: The patient presents with neck pain radiating with numbness and tingling to the left upper extremity; left shoulder pain and lumbar spine pain that radiates to the right buttock and posterior leg. The treating physician requests for Left C4-5, C5-6 cervical epidural steroid injection. The 07/09/14 (post utilization review) report by [redacted] notes prior cervical epidural injections on 08/01/11 and 09/08/11. The treating physician notes the 09/08/11 injection, "afforded him at least six months of excellent of 50-60% relief, the ability to notably increase his activity level and decrease his medication use by 50%. Unfortunately, the reports surrounding the injection(s) were not provided to verify this. MTUS guidelines have the following regarding ESI under chronic pain section pages 46 and 47, "Recommended as an option for treatment for radicular pain. MTUS require documentation of radiculopathy corroborated by an imaging study and/or electrodiagnostic testing. The 05/25/11 MRI interpreted by the treating physician mentions C2-3 extruded disc and the patient does present with significant shoulder, and periscapular pain. Given the MRI findings and the patient's response to prior injection, repeat injection appears reasonable.