

Case Number:	CM14-0012395		
Date Assigned:	02/21/2014	Date of Injury:	09/29/2012
Decision Date:	10/16/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/30/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 57 year old male who was injured on 9/29/2012 during a motor vehicle accident. He was diagnosed with cervical degenerative disc disease, cervical stenosis and spondylosis, neck pain with radicular symptoms, right shoulder adhesive capsulitis, right shoulder rotator cuff tendinopathy and impingement, and chronic headaches. EMG of the upper extremities performed on 11/20/2013 was consistent with right C6 and C7 nerve root impingement. He was treated with physical therapy and medications. He was also diagnosed with hydrocephalus and had a right parietal ventriculostomy shunt surgically placed. The worker was seen by his treating physician on 12/16/2013 complaining of headaches, neck pain, right shoulder pain, with pain and tingling radiating down his right upper extremity. Physical findings revealed moderate range of motion restriction and right-sided tenderness to palpation of the cervical spine. Spurling's maneuver was negative, and lateral rotation caused pain. Right shoulder was significant for pain with passive range of motion. Sensation, reflexes, and motor strength were all normal in the upper extremities. He was then recommended a C5-6 interlaminar epidural steroid injection directed towards the right side, to continue his home exercise program, and to continue his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C5-6 epidural steroid injection with fluoroscopy: 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 MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of cervical radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. no more than two nerve root levels should be injected using transoraminal blocks, 6. no more than one interlaminar level should be injected at one session, 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, with a general recommendation of no more than 4 blocks per region per year, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, although EMG findings suggest cervical radiculopathy, no physical examination findings from the examination just prior to the request for this epidural injection suggested any cervical radiculopathy. Therefore, without documented evidence from testing and physical examination findings together suggesting radiculopathy, the epidural injection is not medically necessary at this time.