

Case Number:	CM14-0115420		
Date Assigned:	08/04/2014	Date of Injury:	10/30/2012
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/23/2014

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 and Rehabilitation 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 injured worker is a 47-year-old female who reported an injury on 10/30/2012 due to traction and forcible pushing and pulling. The injured worker had a history of left-sided neck pain and left shoulder pain with diagnoses of cervical strain secondary to degenerative disc disease with radiculopathy. The Past surgeries included left shoulder rotator cuff repair. The past treatments included physical therapy, cervical epidural steroid injection, and home exercises. The MRI dated 01/16/2013 of the cervical spine revealed mild central and left paracentral moderate disc protrusion at C5-6 with moderate central spinal canal stenosis. The Medications includes Cymbalta 30 mg and trazodone 50 mg with no VAS (visual analog scale) provided. The treatment plan included possible surgery, epidural steroid injection at the cervical region, and followup. The physical examination 06/27/2014 revealed a slight decrease in extension and tenderness to the left cervical neck musculature. The request for authorization dated 08/04/2014 was submitted with documentation. The rationale for the epidural steroid injection was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C5-6 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections;. Decision based on Non-MTUS Citation ODG - TWC Neck &

Upper Back Procedure Summary last updated 4/14/2014; Criteria for the use of Epidural steroid injections, therapeutic.

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

Decision rationale: The California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDS and Muscle Relaxants. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. California MTUS guidelines recommend for repeat Epidural steroid injection, there must be objective documented pain relief 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. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Per the clinical notes the physical examination of the cervical spine was vague. The clinical notes did not indicate that conservative treatment had failed. No functional pain measurements were provided. The clinical notes were unclear in stating the efficacy of functional improvement from the prior epidural steroid injections. Guidelines do not recommend cervical epidural steroid injections. The documentation did not provide the physical therapy or imaging studies for review. As such, the request is non-certified.