MAXIMUS Federal Services

Case Number:	CM14-0121203		
Date Assigned:	09/03/2014	Date of Injury:	08/18/2006
Decision Date:	10/02/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/31/2014

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 Illinois. 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 53-year-old female who reported injury on 08/18/2006. The mechanism of injury was not submitted for review. The injured worker has diagnoses of central/right disc protrusion at C6-7 level, central canal stenosis from C4-6, right paracentral/lateral disc protrusion at C5-6, disc bulge at C3-4, status post left shoulder rotator cuff repair, full thickness tears of distal supraspinatus tendon, left cervical radiculitis, chronic myofascial pain syndrome, and right C5-6 dorsal rami involvement. Past medical treatment consists of chiropractic therapy, physical therapy, ESIs, facet joint injections, the use of a TENS unit, medial branch blocks, and medication therapy. Medications consist of Tylenol 3, naproxen, Neurontin, Norflex, and Prilosec. The injured worker has undergone MRIs to confirm central right disc protrusion, MRIs to confirm central canal stenosis, MRIs to confirm right paracentral disc protrusion, MRIs to confirm full thickness tears of the distal supraspinatus tendon, and an EMG to confirm right dorsal rami involvement. It was documented in the submitted report that the injured worker underwent left shoulder rotator cuff repair. The date was not submitted along with the report. On 07/08/2014 the injured worker complained of neck pain. Physical examination revealed that the injured worker had a 7/10 to 8/10 pain rate. There was loss of normal lordotic curvature of the cervical spine. Range of motion of the cervical spine was restricted. Paravertebral muscle spasms and localized tenderness was present on lower cervical and left supraclavicular region. There was diminished sensation to light touch along medial and lateral border of the left forearm. Left sided Spurling's maneuver was positive. Manual motor strength was 5/5 with give way weakness of 4+/5 in left upper extremity. The treatment plan is for the injured worker to receive a translaminar cervical epidural steroid injection at C5-6 level. The provider feels since previous cervical epidural steroid injection provided 70% pain relief and functional improvement, that the

option for another one is appropriate. The Request for Authorization form was submitted on 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar cervical epidural steroid injection C5-C6 level: 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, Page(s): 46.

Decision rationale: The request for Translaminar cervical epidural steroid injection C5-C6 level is not medically necessary. The California MTUS Guidelines recommend ESIs as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing any home exercise program. There is no information on improved function. The criteria for the use of ESI are as following: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy for guidance, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical notes lacked evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. The injured worker did have a diagnosis of radiculopathy of the cervical spine. However, there were no MRIs or imaging studies submitted for review to corroborate such diagnosis. Furthermore, there was a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medications. Additionally, the request as submitted did not indicate the use of fluoroscopy for guidance in the request. As such, the request for Translaminar cervical epidural steroid injection C5-C6 level is not medically necessary.