

Case Number:	CM14-0123317		
Date Assigned:	08/08/2014	Date of Injury:	04/24/2014
Decision Date:	09/26/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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 53 year old female who was injured on 4/24/2014. She was diagnosed with neck sprain/strain, left shoulder impingement, cervical stenosis or disc herniation pathology at C4-5 and C5-6, and cervical radiculopathy. She was treated with muscle relaxants, Gabapentin, opioids, NSAIDs, topical analgesics, and physical therapy. She was able to return to full duty shortly following the injury, but continued to experience worsening neck pain. A referral to an orthopedic physician was made. The worker saw the orthopedist on 6/30/14 complaining of neck pain rated at 7/10 worse with activity. She also complained of some weakness in the left arm. Physical examination of the cervical spine revealed normal range of motion, Spurling's testing caused pain, muscle tenderness of upper back and left shoulder, normal motor strength, normal reflexes, and normal sensory examination of the upper extremities. She was then recommended a refill of her medications, physical therapy, epidural injections, medial branch blocks, and a left shoulder block injection. Also, an MRI of the shoulder and cervical spine was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injections series of 3 over 3-4 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 lumbar 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 transforaminal 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, there was no clear objective evidence from physical examination or imaging to confirm neural compromise contributing to the worker's symptoms. The MRI was ordered at the same time as the request for injections. Also, a series of three is not recommended. Therefore, the epidural injections were considered too prematurely, and are not medically necessary at this time.