MAXIMUS Federal Services

Case Number:	CM14-0140130		
Date Assigned:	09/08/2014	Date of Injury:	03/18/1999
Decision Date:	11/03/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/29/2014

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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 60-year-old male who reported a date of injury of 03/18/1999. The mechanism of injury was not indicated. The injured worker had diagnoses of shoulder pain, cervical spondylosis, and elbow pain. Prior treatments included physical therapy and cortisone injections. The injured worker had an MRI of the cervical spine on 10/20/2010 with an official report indicating 2 mm central disc protrusions at C2-3 and C4-5 levels. A CT scan of the shoulder joint on 06/26/2012 with an unofficial report indicated mild acromioclavicular joint arthrosis and no evidence of joint effusion or soft tissue calcification. A right shoulder arthrogram injection was performed on 02/17/2012. Surgical history included unspecified elbow and shoulder surgery of unknown dates. The injured worker had complaints of neck pain and bilateral shoulder pain and rated the pain 6/10. The clinical note dated 08/07/2014 noted the injured worker's range of motion of the cervical spine was 30 degrees of flexion, 20 degrees of extension limited by pain, and 10 degrees of right and left lateral bending limited by pain. There was tenderness to palpation and hypertonicity of the paravertebral muscles, and the Spurling's maneuver caused pain in the muscles of the neck that radiated to the upper right extremity. The range of motion of the lumbar spine was restricted by pain, the injured worker was not able to walk on heels, and there was a negative lumbar facet loading test on both sides. The injured worker's range of motion of the right shoulder was 165 degrees of flexion and abduction limited to 110 degrees. The range of motion of the left shoulder was 110 degrees of adduction and limited to 25 degrees of internal rotation. Palpation noted tenderness in the acromioclavicular joint and biceps groove, tenderness to palpation over the lateral epicondyle of the right elbow, and the drop arm test was negative. Medications included Lidoderm patches, Ambien, Naproxen, Omeprazole, and Aspirin. The treatment included the physician's recommendation for the injured worker to complete acupuncture treatments, continue with a home exercise program, and the

continuation of medications. The rationale was not indicated within the medical records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Foremen Epidural Injection bilateral C5-6, C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The request for cervical foremen epidural injection bilateral C5-6, C6-7 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain with corroborative findings of radiculopathy. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and not provide long term relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. There is a lack of documentation indicative of the injured worker being diagnosed with radiculopathy. The Guidelines indicate there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The injured worker had complaints of cervical pain with radiating symptoms into the upper extremities. The request is for cervical epidural injections from C5-6 and C6-7, for which the Guidelines do not recommend use. As such, the request is not medically necessary.