MAXIMUS Federal Services

Case Number:	CM14-0153644		
Date Assigned:	09/23/2014	Date of Injury:	07/02/2009
Decision Date:	12/16/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational Medicine 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:

This is a 35-year-old female with a 7/2/09 date of injury. The mechanism of injury occurred when she was lifting a box and injured her left shoulder/arm and neck area. According to the most recent progress report provided for review, dated 6/27/14, the patient complained of pain in the neck with radicular symptoms into the right and left arm. According to an AME dated 5/19/14, the patient indicated that she felt the neck surgery was not helpful as she continued with neck pain that radiated to both shoulders and left arm but no numbness. She also indicated that cervical epidurals were not helpful. Objective findings: restricted cervical spine range of motion, positive Spurling's test, positive Foraminal Compression test, tightness and spasm in the trapezius, sternocleidomastoid, and straps muscle right and left. An MRI of the cervical spine, dated 2/28/14, revealed C6-C7: surgically fused, diffuse disc protrusion effacing the thecal sac having osteophytic complex at the lateral and posterior aspects. Spinal canal and neural foramina are patent. Diagnostic impression: status post cervical anterior decompression and fusion on 11/20/12, left shoulder strain/tendonitis/impingement, carpal tunnel syndrome of left hand. Treatment to date: medication management, activity modification, surgery, physical therapy, chiropractic treatment, cervical ESI.A UR decision dated 8/21/14 denied the request for cervical ESI. Documentation did not provide evidence of prior functional benefit with epidural steroid injections and based on AME, the claimant indicated that epidural steroid injections were not helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. However, in the present case, according to an AME dated 5/19/14, the patient indicated that cervical epidurals have not been helpful. Guidelines do not support repeat epidural steroid injections without documentation of significant pain relief and functional improvement. A specific rationale indicating why a cervical epidural steroid injection would be required at this time when prior treatment has not been beneficial was not provided. Therefore, the request for cervical epidural steroid injection C6-C7 is not medically necessary.