

Case Number:	CM14-0160188		
Date Assigned:	10/03/2014	Date of Injury:	07/23/2011
Decision Date:	11/21/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/29/2014

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 Pain Management 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 54 year old female with a date of injury on 7/23/2011. As per the report of 8/26/14, she complained of neck, low back, and right shoulder pain, rated at 8/10 with radicular pain down the legs and weakness. Cervical spine exam revealed tenderness at C4 through C7 and associated paraspinal muscles, positive Spurling's test bilaterally, and decreased sensation at path of the C6 dermatome on the right. Exam of the right shoulder revealed positive impingement test and tenderness over the greater tuberosity of the humerus. Electromyogram/nerve conduction velocity study report dated 5/13/14 revealed no evidence of carpal tunnel syndrome, neuropathy or cervical radiculopathy. Cervical spine magnetic resonance imaging scan dated 5/13/14 revealed multilevel degenerative disc disease with 2-3 mm disc bulges, hypertrophic changes, and osteophytic ridging at C3-4, C4-5 and C6-7, with 3-4 mm disc bulge at C5-6 causing severe left and moderate right neural foraminal stenosis, and 4 mm disc bulge at C7-T1 without neural foraminal stenosis. Magnetic resonance imaging scan of the right shoulder dated 5/13/14 revealed supraspinatus undersurface articular-sided moderate grade partial thickness tear on a background of tendinosis extending into the anterior fibers of the infraspinatus tendon, mild subscapularis tendinosis, degenerative change of the acromioclavicular joint, and subcortical cystic change of the superolateral anterior humeral head. She underwent right shoulder arthroscopic surgery with subacromial decompression on 01/04/13. There was no documentation of current medications or any previous epidural steroid injection. Past treatments have included physical therapy, chiropractic, oral medication, rest and home exercise program, which had failed to control pain per 4/3/14 report. Her diagnoses include status post right shoulder arthroscopy, cervical spine disc bulge, cervical spine radiculopathy per electromyogram/nerve conduction velocity study, lumbar spine multiple disc protrusions and

radiculitis, headaches and left ankle contusion. The request for cervical spine epidural steroid injection was denied on 09/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine ESI: 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 epidural steroid injections (ESIS) Page(s): 46.

Decision rationale: Per guidelines, cervical epidural steroid injection is recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing a home exercise program. There is little information on improved function. The purpose of epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections include documented radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs and muscle relaxants). In this case, there is no clear clinical evidence of radicular pain in a nerve root distribution. There is no imaging evidence of nerve root compression. There is no electrodiagnostic evidence of cervical radiculopathy. There is no record of physical therapy progress notes to demonstrate adequate amount of therapy and active participation of the injured worker. Therefore, the medical necessity of the request cannot be established based on the guidelines and submitted clinical information.