

Case Number:	CM14-0173833		
Date Assigned:	10/27/2014	Date of Injury:	09/21/2007
Decision Date:	12/03/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/21/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 61 year old with an injury date on 9/21/07. Patient complains of cervical and right upper arm pain per 8/8/14 report. Patient also reports a burning sensation in right upper arm, and recently went to emergency room for right bicep area pain per 5/9/14 report. Based on the 8/8/14 progress report provided by [REDACTED] the diagnoses are: 1. Cervical spine s/s with multiple disc protrusions 2. Right shoulder recurrent rotator cuff tear s/p surgery times 3, open times 1, scope times 13. Left shoulder recurrent rotator cuff tear s/p scope repair 4. Carpal tunnel syndrome, recurrent, right s/p carpal tunnel release 5. Carpal tunnel syndrome left 6. Cubital tunnel syndrome, right 7. Cubital tunnel syndrome left 8. s/s, right elbow, rule out lateral epicondylitis 9. Cephalgia 10. Visual impairment/ s/p cataract surgery, right and left eye 11. Anxiety and depression secondary to chronic pain 12. Insomnia 13. Hypertension, aggravated by pain 14. Diabetes mellitus 15. Coronary artery disease s/p myocardial infarcts in 2008 s/p angiography stent placement 16. Hearing loss, tinnitus, right ear/history of probable acoustic neuroma, right 17. History of cerebrovascular accident, left-sided in 2008 18. S/p arthrodesis, mid carpophalangeal joint, left in 1987 19. S/p umbilical hernia repair in 1990 20. Possible right long head of the biceps tendons torn Exam on 8/8/14 showed "limited range of motion of C-spine, with extension at 10 degrees. Positive cervical compression test and positive shoulder depression test." Patient's treatment history includes right carpal tunnel release surgery, bilateral shoulder surgeries, physical therapy, aquatherapy, and medications (Anaprox, Prilosec, Norco, Ultram, Fexmid, Ambien). [REDACTED] is requesting epidural steroid injection at C3-4 and C4-5. The utilization review determination being challenged is dated 10/3/14 and denies request due to negative EMG and only a 1-2mm herniation on MRI. [REDACTED] is the requesting provider, and he provided treatment reports from 1/11/13 to 8/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at C3-4 and C4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Treatment Guidelines, Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: This patient presents with neck pain, and right upper arm pain. The treater has asked for Epidural Steroid Injection at C3-4 and C4-5 on 8/8/14 as "pain has persisted for months...and physical exam demonstrates...radicular irritability." Patient had an MRI of the C-spine on 1/21/13 that showed 1-2mm disc protrusion at C3-4 and a 1-2mm disc protrusion at C4-5. Review of the reports does not show any evidence of cervical epidural steroid injection being done in the past. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient has failed conservative treatment and had a recent exacerbation of right upper arm/shoulder pain. However, MRI showed 1-2mm disc bulge which is a normal finding. Radiculopathy is not clearly documented. MTUS states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The request is not medically necessary.