

Case Number:	CM14-0182669		
Date Assigned:	11/07/2014	Date of Injury:	09/02/2006
Decision Date:	12/18/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/03/2014

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 and Rehabilitation 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 67-year-old female who sustained an injury on 9/2/06. As per the 10/10/14 report, she presented with cervical spine pain, left shoulder pain, and left knee pain. Cervical spine pain was rated at 7/10, left shoulder pain at 5/10 and left knee pain at 7-8/10. Examination revealed mild tenderness to palpation over the left subacromial bursa as well as over the left acromioclavicular joint space. Examination from 7/11/14 revealed tenderness to palpation over the level of approximately C5-C6, tenderness to palpation over the left paraspinous muscles of the cervical vertebrae at approximate level of C5-C6. There were no diagnostic studies documented. Current medications include Voltaren gel, Omeprazole and Tramadol. There was no documentation of previous conservative therapy methods other than medications. She did have injection of Depo-Medrol and lidocaine into the left shoulder on 6/10/14 with some relief of her symptomatology; however, she still has more significant discomfort in her cervical spine and right cervical epidural steroid injection (levels not mentioned) was recommended. Last documented urine drug screen done on 11/19/12 was within normal limits. Diagnoses include subacromial bursitis, left shoulder, left shoulder pain, unresolved, C5-C6 mild to moderate canal stenosis and moderate bilateral foraminal stenosis, and mild canal stenosis at C4-C5 and C3-C4. The request for Right Cervical Epidural Steroid Injection, levels not specified, as outpatient was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cervical Epidural Steroid Injection, level's not specified, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46.

Decision rationale: Per MTUS 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 rehab efforts, including continuing a home exercise program. Criteria for the use of Epidural steroid injections include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs 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 cervical nerve root compression or electrodiagnostic evidence of radiculopathy. There is no documentation of trial and failure of conservative management such as physical therapy. Therefore, the medical necessity of the request cannot be established based on the guidelines and submitted clinical information.