

Case Number:	CM14-0020282		
Date Assigned:	04/25/2014	Date of Injury:	08/17/2010
Decision Date:	07/07/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 48-year-old female with an 8/17/10 date of injury, and status post left shoulder arthroscopy 2011. There is documentation of subjective findings of 100% relief of severe pain, tingling and electrical pattern to the forearm and hand, improved range of motion, and decreased medication intake status post first epidural injection performed 12/5/13; 50% relief in the pain of the left shoulder and scapular region, 50% relief of left-sided neck pain with improved range of motion; 5-6/10 left scapular pain, left medial scapular border pain, left shoulder pain, and residual pain in the left side of the neck and left elbow. Objective findings of positive Spurling on the left side, moderate tenderness with muscle spasm in the left lower cervical spine at C6-7 and C7-T1 levels, improved range of motion, trace left triceps reflex, left triceps strength 3+, decreased sensation at the C7 dermatome, and decreased wrist dorsiflexion and finger extension. Current diagnoses include joint pain shoulder, cervical radiculopathy, cervicgia, and cervical spondylosis. Treatment to date includes transforaminal ESI at the left C5-6 and C6-7 (12/5/13) with 100% relief of symptoms, improved range of motion, and decreased medication intake; and medications. There is no documentation of anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION ON LEFT C6-C7 UNDER FLUOROSCOPIC GUIDANCE (UNDER CONSCIOUS SEDATION): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: MTUS/ACOEM Guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The Official Disability Guidelines (ODG) identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. In addition, ODG states there is no evidence-based literature to make a firm recommendation as to sedation during an ESI and that routine use is not recommended except for patients with anxiety. Within the medical information available for review, there is documentation of diagnoses of joint pain shoulder, cervical radiculopathy, cervicgia, and cervical spondylosis. In addition, there is documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response with previous epidural steroid injection. However, there is no documentation of anxiety to support the requested conscious sedation. Therefore, the request for transforaminal epidural steroid injection on the left C6-C7 under fluroscopic guidance is not medically necessary and appropriate.