

Case Number:	CM14-0024509		
Date Assigned:	06/11/2014	Date of Injury:	06/12/2013
Decision Date:	07/18/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/26/2014

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 60 year-old female who, on 06/12/2013 reported catching her heel on an electrical cord at work and fell. She was diagnosed with a non-displaced fracture of the left shoulder. In a 07/29/2013 report, she had 100% back and neck pain, with left shoulder and side pain. She characterized the pain at 8/10 "when it is bad". She described the pain as stabbing, which is exacerbated by sitting, driving, lying prone or supine, bending and twisting. At that time she was in no acute distress. Her spinal examination showed pain with extension and rotation and no focal deficits in the upper extremities. The examining provider's impression was "spinal contusion, disc degeneration. She doesn't seem to have a whole lot of pain as far as her neck on exam. No fractures or horrible radicular findings." The recommendations included physical therapy for her neck and back. A physical therapy cervical spine evaluation on 09/23/2013 showed full range of motion with mid to end-range pain on flexion, 50% extension with mid to end-range pain, 50% right rotation and 40% left rotation. A note on 11/18/2013 attests that the physical therapy had been "drastically helpful". Impressions at that time included cervical disc degeneration and status post cervical radiculopathy. An MRI on 11/02/2013 found that the cervical spinal cord was normal in size and signal intensity without intrinsic lesion or extrinsic compression. There was no developmental spinal stenosis, spondylolisthesis or extramedullary/intradural mass with normal foramina and intervertebral disc space. At the C6-7 level, there was an approximately 1mm posterior protrusion of disc/osteophyte without significant central stenosis. Both neural foramina were normal in caliber and the intervertebral disc space was normal in height. There was no request for authorization found in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (ESI) C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46-47.

Decision rationale: CA MTUS recommends ESI as an option for treatment of radicular pain (defined as pain in the dermatomal distribution with corroborative findings of radiculopathy.) ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is insufficient evidence to make any recommendations for the use of ESIs to treat radicular cervical pain. The submitted documentation does not support clinical or radiological evidence of cervical insult. The request does not specify if the ESI was to be uni-or-bilateral. Neither does it specify that the ESI was to be performed under fluoroscopy. There is no documentation of failed trials of conservative treatment other than physical therapy. For these reasons, this request for Cervical Epidural Steroid Injection (ESI) C6-7 is non-certified.