

Case Number:	CM14-0031667		
Date Assigned:	06/20/2014	Date of Injury:	08/11/2011
Decision Date:	07/21/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/12/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 11, 2011. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; earlier shoulder surgery; and unspecified amounts of physical and manipulative therapy over the course of the claim. In Utilization Review Report dated March 3, 2014, the claims administrator denied a request for a cervical epidural steroid injection. The claims administrator denied the request on the grounds that the applicant did not intend to use the ESI in conjunction with an exercise program/functional restoration program. The claims administrator stated, somewhat incongruously, there is no evidence that conservative treatment had failed, although it stated in another section of the report that the applicant had had 20 sessions of physical therapy and 22 sessions of manipulative therapy. The applicant's attorney subsequently appealed. In a September 19, 2013 progress note, the applicant presented with persistent neck pain, elbow pain, and shoulder pain. The applicant was given diagnosis of cervical spine muscular ligamentous injury, shoulder pain, and elbow pain. Norco, Naprosyn, Flexeril, and Prilosec were prescribed. Drug testing was performed. It was stated that the applicant was not working with a rather proscriptive 15-pound lifting limitation in place. On October 30, 2013, the applicant was placed off of work, on total temporary disability, for 45 days. The applicant was asked to consult a pain management specialist to consider epidural steroid injection therapy. On March 13, 2014, it appears that the applicant did in fact undergo the cervical epidural steroid injection in question at the C7-T1 level. In a December 18, 2013 pain management consultation, the applicant apparently presented with progressively worsening, throbbing neck pain, highly variable, ranging from 3-8/10 with associated paresthesias and radiation of pain to the left upper extremity. The applicant was described as having severe left-

sided neuroforaminal narrowing noted at the C3-C4 and C6-C7 levels as well as moderate neuroforaminal narrowing noted at C7-T1 on an earlier cervical MRI of April 24, 2012. The applicant was not working as a mechanic, it was stated. Limited cervical range of motion was noted on exam with some hyposensorium noted about the left arm. Upper extremity strength was well preserved. Epidural steroid injection therapy was sought. Also reviewed was a medical-legal evaluation dated February 5, 2014. The applicant was described as off of work. The applicant apparently had earlier electrodiagnostic testing on December 21, 2011 which apparently established the diagnosis of cervical radiculopathy, it was further noted. The medical-legal evaluator did not make any mention of the applicant's having had any prior cervical epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

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

Decision rationale: The proposed epidural steroid injection was medically necessary, medically appropriate, and indicated here. As noted on page 46 of MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant did have some radiographic corroboration of radiculopathy at the level, which the injection was ultimately performed, C7-T1. The applicant did have ongoing complaints of neck pain radiating to left upper extremity. The applicant did have associated signs of radiculopathy appreciated on exam along with corresponding MRI findings noted. There was no evidence that the applicant had never undergone previous epidural steroid injection therapy at an earlier point in the claim. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, moreover, supports up to two diagnostic epidural blocks. It is further noted that the applicant does apparently have electrodiagnostically corroborated cervical radiculopathy. Therefore, the epidural steroid injection in question was medically necessary, for all of the stated reasons.