

Case Number:	CM14-0044656		
Date Assigned:	07/02/2014	Date of Injury:	12/01/2010
Decision Date:	12/24/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 male presenting with a work-related injury on December 1, 2000 and. On October 28, 2014 the patient complained of shoulder pain. The pain is described as aching, 40, swelling, tenderness and throbbing. The pain was rated at seven and 8/10. The pain was associated with numbness and tingling in the right and left arm, radicular pain in right and left arm and weakness in the right and left arm. Patient reported that he was taking medications that benefit. The medications decreased pain 50% and increased functional capacity. The patient was diagnosed with other back symptoms. The patient's medications included Cymbalta, Diclofenac, compounding three, and Naprosyn. The physical exam was significant for decreased sensation to light touch on the left in the C6, C7 and C8 dermatome: left biceps reflex and left brachioradialis reflexes were one out of four; and positive Spurling's maneuver on the left. A claim was placed for left Cervical Spine Epidural Steroid Injection C5-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cervical spine epidural steroid injection C5-C7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: Left cervical spine epidural steroid injection C5-7 is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam is consistent with cervical radiculitis; however there is not record of cervical MRI corroborating cervical radiculitis. Additionally, there is lack of documentation of failed conservative therapy; therefore, the requested service is not medically necessary.