

Case Number:	CM14-0045047		
Date Assigned:	07/02/2014	Date of Injury:	02/28/2008
Decision Date:	08/20/2014	UR Denial Date:	04/09/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 56-year-old female who reported an injury on 02/28/2008. The mechanism of injury was noted to be tripping and falling over a floor mat. Her prior treatments were noted to be medications, injections and therapy. Her diagnoses are noted to be degenerative disc disease plus spondylosis of the cervical spine at C3-C4 and C6-C7 associated with stenosis and bilateral upper extremity radiculitis and left shoulder subacromial impingement syndrome associated with primary and posttraumatic acromioclavicular joint arthritis plus a full-thickness rotator cuff tear and biceps tendonitis status post surgery. A clinical evaluation on 03/06/2014 notes the injured worker had complaints of neck pain and severe radiation of the pain from her neck down both of her arms associated with some numbness and tingling in both hands. She stated her left shoulder pain has remained constant and moderate but at times could be severe when certain movements occur with her arm. The examination notes restricted motion of the cervical spine, mild tenderness in the right paraspinal muscles with moderate tenderness in the left paraspinal muscles. Upper extremities had deep tendon reflexes that were unobtainable at the biceps, the triceps and the brachioradialis. Motor strength testing in the upper extremities demonstrated grade 5 strength without any neurological deficits which includes the short thumb abductor muscles bilaterally. The left shoulder examination found mild tenderness inferior to the area of the acromioclavicular joint. Minimal tenderness with posterior shoulder capsule. No crepitus with range of motion testing. The supraspinatus muscle demonstrated very mild grade 4 weakness. The treatment plan was for the injured worker to do a home exercise program, continue using Vicodin and Relafen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection levels unknown: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for cervical epidural steroid injection levels is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The most current guidelines recommend no more than 2 epidural steroid injections. This is a contraindication to previous generally cited recommendations for a series of 3 epidural steroid injections. Epidural steroid injection can offer short term pain relief. Any use should be in conjunction with other rehab efforts including continuing a home exercise program. There is little information on improvement function. The injured worker's examination notes radiculopathy, however an official MRI would be needed to corroborate radiculopathy for the epidural steroid injection recommendations under the guidelines. The provider's request for cervical epidural steroid injection, levels unknown, is non-certified because of the lack of level for the epidural site. Therefore, the request for cervical epidural steroid injection levels unknown are not medically necessary.