

Case Number:	CM14-0053468		
Date Assigned:	07/07/2014	Date of Injury:	11/05/2011
Decision Date:	08/06/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/22/2014

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 claimant is a 53 year old male presenting with neck pain, bilateral shoulder pain, biceps rupture and status post repair following a work related injury on 11/05/2011. The claimant has tried medications, work restrictions, rest, immobilization, assistive device for ambulation, chiropractor therapy, physical therapy, injection and left shoulder surgeries. The claimant is status post left shoulder arthroscopic rotator cuff repair and left biceps repair. Cervical MRI showed advances spondylolysis and facet joint arthropathy at C5-6 with retrolisthesis of C5 on C6, thecal sac compression, bilateral neural foraminal stenosis and bilateral C6 nerve root impingement. On 3/31/2014, the claimant complained of neck pain graded 7/10, radiating to both shoulders, right radial aspect and left ulnar aspect. The claimant's medications included Fentanyl 25 mcg, Norco 10/325mg, Lunesta 3 mg at night, Lidoderm 5% patch, Warfarin 3mg and atenolol. The claimant report pain control with medications. The physical exam showed inability to flex less than 5 degrees extension, less 5 degrees lateral flexion, paraspinal tenderness, right upper extremity strength of 4/5, intact sensation and difficult to ascertain Spurling's test. A claim was made for transforaminal epidural steroid injection at right C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Cervical Transforaminal Epidural Steroid Injection at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, page(s) 79 Page(s): 79.

Decision rationale: Right Cervical Transforaminal Epidural Steroid Injection at C5-6 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 does not demonstrate signs or symptoms of a nerve root impingement; thus failing to corroborate cervical radiculopathy for which the procedure was requested. The requested Right Cervical Transforaminal Epidural Steroid Injection at C5-6 is therefore, not medically necessary.