MAXIMUS Federal Services

Case Number:	CM14-0083231		
Date Assigned:	07/21/2014	Date of Injury:	02/22/2007
Decision Date:	08/26/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 patient is a 68-year-old male with a 02/22/07 date of injury, due to lifting a heavy object. Progress report dated 05/05/14, as well as essentially identical progress report dated 06/30/14, state that the patient is status post left shoulder arthroscopy dated 08/2008. Patient was first seen in 2009 for severe left neck pain radiating to the left shoulder, upper arm and forearm and left shoulder pain. He states his symptoms persist, he is on Vicodin twice a day as needed and Naprosyn once a day. QME dated 11/13/08 diagnosed left shoulder arthropathy S/P arthroscopic surgery, cervical disk disease with left radiculopathy, sympathetic overactivity left upper extremity without full-blown CRPS, reactive sleep disturbance and depression. 07/01/09 left shoulder intra-articular steroid injection provided significant improvement. CESI dated 04/22/09 provided 50% pain relief. Second injection for left shoulder on 01/26/10 resolved pain for 3 weeks. 10/04/11 left neck pain down the left arm gets worse. AME report dated 07/07/09 and 10/02/09 state diagnoses: C5-6 and C6-7 spondylosis and with left C6 and C7 radiculopathy, left shoulder impingement and rotator cuff tendinitis, status post arthroscopy, moderate right and left carpal tunnel syndrome with weight loss. 05/05/14 Progress Report states that the requested CESI was denied due to continued medication use. However, the report states that the patient had stopped taking Ultram after last cervical ESI.Physical examination: moderate tenderness in the left lower cervical area, mild tenderness over the left trapezius, moderate tenderness of the left shoulder. Muscle strength is 5/5 in the B/L UE, sensation decreased to pinprick in the left UE. Cervical ROM is limited and painful. Spurling's test is positive on the left. Severe left neck pain radiating into right extremity, at 7/10. Diagnoses: Chronic left cervicalgia with left upper extremity radicular pain secondary to cervical degenerative disk disease and radiculitis, left shoulder pain with exacerbation secondary to tendinopathy status post arthroscopic surgery, symptoms significantly improves with Cortisone injection, myofascial pain syndrome, right

moderate to severe and left mild to moderate CTS.The previous UR dated 05/22/14 states that cervical MRI dated 12/8/08 demonstrated minimal disc bulging at C5-6 and mild left and minimal posterocentral and right at C6-7, only barely abutting the spinal cord the left at C6-7. No significant degenerative changes in facet joints and encroachment on the neural foramina throughout the cervical spine". However, progress report dated 05/05/14 states that the MRI report reveals facet arthropathy at C6-7.The progress report of 05/05/14 states the following two EDS findings:EMG/NCV dated 05/08/09 showed right worse than left moderate CTS and left C6-7 nerve root irritation. EMG/NCV dated 06/14/11 shows right moderate to severe left mild to moderate CTS, left C6-7 nerve root irritation. The previous UR dated 05/22/14 states that EDS dated 09/18/12 revealed "slight to moderate right and left CTS with conduction block. No evidence of right or left radiculopathy, proximal median neuropathy, ulnar neuropathy, radial neuropathy, posterior interosseous syndrome, brachial plexopathy and peripheral neuropathy."Request is for Cervical ESI C7-T1, left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injections (ESI) Cervical 7 - Thoracic 1 Left: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Epidural Steroid Injections (ESI); http://www.ncbi.nim.nih.gov/pubmed/10319985.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI's), (page 46).

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The imaging findings do not support the diagnosis of radiculopathy (and an official report was not provided). In addition, although EDS results from 2009 and 2011 state C6-7 root irritation, the results of most recent electrodiagnostic studies from 2012 stated no evidence of radiculopathy. Due to inconsistencies in findings, and due to the fact that the most recent EMG/NCV report indicated absence of radiculopathy, the medical necessity for the requested procedure is not established. There is also no documentation of at least 50% pain relief with associated reductionof medication use for six to eight weeks following the previous injection as recommended by MTUS. In addition, there is no compelling evidence of radiculopathy on the MRI reports, which indicate minimal disc bulging at C5-6 and C6-7 and no changes to neural foramina in cervical spine. Guideline criteria are not met. The request is not medically necessary.