

Case Number:	CM14-0084018		
Date Assigned:	07/21/2014	Date of Injury:	01/07/2010
Decision Date:	09/18/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/05/2014

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 and 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 58-year-old female who reported an injury on 01/07/2010 who reportedly sustained injuries to her right forearm, neck, and upper back. Her injured worker's treatment history included x-rays, MRI studies, electromyography/ nerve conduction velocity (EMG/NCV) studies, physical therapy, medications, surgery, chiropractic sessions, and acupuncture treatment. Within the documentation submitted, the provider noted the injured worker had received an epidural steroid injection and had 75% of pain relief for several months; however, she did not increase her medication use. She had undergone an MRI of the cervical spine on 09/10/2010 that revealed C5-6 mild bulging and mild right uncinat hypertrophy, with mild right sided foraminal narrowing and mild bulging at C6-7 without stenosis. She had undergone an MRI of the right shoulder on 04/01/2013 that revealed supraspinatus and infraspinatus tears. However, the findings were not submitted for this review. The injured worker was evaluated on 04/25/2014 and it was documented that she complained of continued improvement of the shoulder, but the neck pain remains problematic. She reported neck, right upper back, and right shoulder pain. She had tingling of the fingers of both hands. The provider noted there was no word regarding cervical epidural steroid injections. The objective findings were: tightness/tenderness of the bilateral cervical paraspinal muscles; trigger points of bilateral upper trapezius muscles, and right middle trapezius muscle; right anterior shoulder had tenderness to palpation. Diagnoses included cervical sprain/strain with right cervical radiculopathy/myofascial pain, right shoulder rotator cuff tendinitis, ulnar neuropathy of the right elbow, and carpal tunnel syndrome, right greater than left. Medications included Duexis, Nexium, Lidoderm patches, Lyrica, and Voltaren gel. The progress note dated 04/25/2014 was the most current progress report submitted for this review; however, the Request for Authorization was dated for 06/03/2014 and was for 2 cervical

epidural injections at C7-T1. The rationale for the epidural steroid injection was to control pain and to improve range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two cervical epidural injections at C7-T1: Upheld

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

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

Decision rationale: The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). Epidural steroid injections (ESI's) can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs. There was lack of documentation of home exercise regimen, and pain medication management or the outcome measurements for the injured worker. Additionally, the provider indicated the injured worker receiving cervical epidural steroid injection however, there was no mentioned of functional improvement in activities of daily living or duration of improvement after receiving the injection. The provider failed to indicate long-term goals of treatment. Given the above, the request for two cervical epidural steroid injections at C7-T1 is not medically necessary.