

Case Number:	CM14-0091966		
Date Assigned:	07/25/2014	Date of Injury:	09/10/2009
Decision Date:	09/08/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/17/2014

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 Texas and Ohio. 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 46-year-old male who reported an injury on 09/10/2009 of unspecified cause of injury. The injured worker had a history of neck pain and left shoulder pain that radiated to the left arm extending to the fingertips. The diagnoses included cervical radiculopathy, complex regional pain syndrome to the upper limb, adhesive capsulitis of the shoulder, and tennis elbow. The MRI of the cervical spine dated 10/28/2013 revealed a C2-3 central bulge, C3-4 a 2 mm focal central bulge, C4-5 1 mm bulge, C5-6 desiccation, spurring and narrowing accompanied by 2 mm disc osteophyte complex. The electromyogram dated 09/26/2010 of the upper extremity and cervical paraspinals were within normal limits. The past treatments included epidural steroid injection dated 03/01/2012; with a 70 to 75 decrease pain level to the upper extremity and 35 to 40 decrease in the neck pain, physical therapy' Botox to the left shoulder with good relief, also noted for epidural steroid injection 12/07/2011, home exercises. The clinical note dated 03/31/2014 to the cervical spine revealed limited range of motion of the cervical spine in all directions secondary to increased pain, tightness and stiffness; tenderness over the occipital nerves bilaterally, severe tenderness over the cervical spinous process and interspaces from the C4-6. Tightness and tenderness in trigger points to the cervical paravertebral, supraspinatus and infraspinatus, rhomboid muscles bilaterally. Upper extremity reflexes slightly diminished at the left elbow and left wrist with numbness and burning sensation. The sensory examination revealed significantly diminished sensation to touch to the upper left extremity over the medial and lateral distribution. Left hand grip was a 3/5. The medications included Norco, Zanaflex, Protonix, ketoprofen, gabapentin, lidocaine rub, tramadol, baclofen rub, ketamine/gabapentin/tramadol/amitriptyline rub. The treatment plan included continuing medication, epidural steroid injection, home exercise and return visit in 1 month. The rationale

for the epidural steroid injection is for diagnostic and therapeutic purposes. The Request for Authorization dated 07/25/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Transforaminal Cervical Epidural Steroid Injection at C7-T1: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend for an Epidural Steroid injection, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDS and muscle relaxants. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. California MTUS guidelines recommend for repeat epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. From the clinical note provided, the injured worker did not fail conservative care. The documents provided indicated that the injured worker had relief with the physical therapy and the documentation did not indicate that the injured worker was unresponsive to the nonsteroidal anti-inflammatories or the muscle relaxants. The documentation also included the pain relief of the epidural steroid injection was 35 to 40 functional improvement. Per the guidelines the functional improvement should be at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks. As such, the request is not medically necessary.