

Case Number:	CM14-0123635		
Date Assigned:	09/24/2014	Date of Injury:	06/20/2012
Decision Date:	01/13/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/05/2014

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 & Rehabilitation 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:

This 47-year-old patient sustained an injury on 6/20/12 from a slipping on a bxo while employed by [REDACTED]. Request(s) under consideration include Cervical Epidural Steroid Injection C7-T1. Conservative care has included medications, therapy, lumbar injections, and modified activities/rest. MRI of the lumbar spine of 9/20/12 showed degenerative changes with mild L2-3 spinal stenosis and L5-S1 right foraminal stenosis. The patient underwent right L5 TFESI on 1/2/13. Report of 7/17/14 from the provider noted the patient with continued right shoulder pain radiating to right arm; mid to lower back pain radiating to right leg with dysesthesia and weakness in the right arm and leg with pain rated at 5-9/10 VAS. Exam showed right shoulder with limited range; positive Hawkin's, Yergason and arm adduction test; right shoulder and knee strength of 4/5 with diminished sensation over right C7 dermatome, right L5, S1 dermatomes. Treatment included LESI, CESI, and PT along with continued Vicodin and Docusate. The request(s) for Cervical Epidural Steroid Injection C7-T1 was non-certified on 7/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181.

Decision rationale: This 47 year-old patient sustained an injury on 6/20/12 from a slipping on a bxo while employed by [REDACTED]. Request(s) under consideration include Cervical Epidural Steroid Injection C7-T1. Conservative care has included medications, therapy, lumbar injections, and modified activities/rest. MRI of the lumbar spine of 9/20/12 showed degenerative changes with mild L2-3 spinal stenosis and L5-S1 right foraminal stenosis. The patient underwent right L5 TFESI on 1/2/13. Report of 7/17/14 from the provider noted the patient with continued right shoulder pain radiating to right arm; mid to lower back pain radiating to right tleg with dysesthesia and weakness in the right arm and leg with pain rated at 5-9/10 VAS. Exam showed right shoulder with limited range; positive Hawkin's, Yergason and arm adduction test; right shoulder and knee strength of 4/5 with diminished sensation over right C7 dermatome, right L5, S1 dermatomes. Treatment included LESI, CESI, and PT along with continued Vicodin and Docusate. The request(s) for Cervical Epidural Steroid Injection C7-T1 was non-certified on 7/25/14. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not clearly established here. Submitted reports have not adequately demonstrated any correlating neurological deficits or significant findings of radiculopathy collaborated with imaging. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged for this chronic 2012 injury. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in clinical findings or progression in functional status. The Cervical Epidural Steroid Injection C7-T1 is not medically necessary and appropriate.