

Case Number:	CM14-0188824		
Date Assigned:	11/19/2014	Date of Injury:	01/13/2014
Decision Date:	05/04/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 42 year old male, who sustained an industrial injury on 3/29/13. He reported neck and shoulder injury. The injured worker was diagnosed as having cervical spine sprain/strain, cervical spine multi-level disc protrusions, status post right shoulder surgery, lumbar spine sprain/strain, lumbar spine multi-level disc protrusion, lumbar spine anterolisthesis, lumbar spine degenerative discogenic spondylosis, myospasm, major depressive disorder, anxiety disorder and insomnia related to chronic pain and anxiety disorder. Treatment to date has included oral medications, physical therapy and activity restrictions. Currently, the injured worker complains of moderate, occasionally severe neck pain with radiation to right shoulder accompanied by numbness, tingling and weakness; moderate, occasionally severe right shoulder pain with radiation to neck, right arm and hand accompanied by numbness, tingling and weakness and moderate, occasionally severe low back pain with radiation to mid back accompanied by numbness, tingling and weakness. Tenderness is noted to palpation with spasms of lumbar spine bilateral paraspinals and gluteal muscles and over bilateral sacroiliac joint with limited range of motion of lumbar spine. Tenderness is also noted of right trapezius and rhomboid muscles on palpation as well as over the right AC joint with limited range of motion of right shoulder. The treatment plan consists of request for cervical epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 46.

Decision rationale: Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Criteria for the use of ESI is 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDS, and muscle relaxants). Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. 5) No more than two nerve root levels should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. In this case the patient has had an MRI of the cervical spine and physical exam that are not supportive of a radiculopathy. Therefore the request is not medically necessary.