

Case Number:	CM14-0190911		
Date Assigned:	11/24/2014	Date of Injury:	03/02/2006
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 55 year-old patient sustained an injury on 3/2/06. The request(s) under consideration include Cervical ESI at right C3, C5, and C6. The diagnoses include right rotator cuff syndrome; cervical facet arthralgia; and right medial meniscal injury. Conservative care has included medications, shoulder injection (6/6/14), right cervical medial branch blocks at right C3, C4, and C5 (7/22/14), therapy, and modified activities/rest. The report of 9/19/14 from the provider noted the patient with chronic ongoing pain symptoms in the neck, right knee and right shoulder rated at 7/10 with and 8-9/10 without medications. Neck pain is referred to the upper extremities; right shoulder improved from injections, but still with end range pain. An exam showed shoulder range of flex/abd of 170 degrees on right; tightness over right deltoid and infraspinatus; tenderness over left lateral glenohumeral joint; cervical spine with pain over paraspinals, scalene and trapezius with negative Spurling's; full range in all planes. Medications list Voltaren gel and Vicodin. The patient was cleared for permanent and stationary work status. The request(s) for Cervical ESI at right C3, C5, C6 were non-certified on 11/4/14 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 ESI at right C3, C5, C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural Steroid Injections Page(s): 48.

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

Decision rationale: The request(s) for Cervical ESI at right C3, C5, and C6 were non-certified on 11/4/14. The 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. The patient was noted to have 50% improvement from previous cervical facet medical branch blocks. Submitted reports have not adequately demonstrated any 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 2006 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 injection C6-C7 is not medically necessary and appropriate.