

Case Number:	CM15-0004951		
Date Assigned:	01/16/2015	Date of Injury:	05/03/2012
Decision Date:	03/16/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/09/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 44 year old female, who sustained an industrial injury on 05/03/2012. She has reported subsequent left shoulder, bilateral elbow, bilateral wrist and neck pain and was diagnosed with bicipital tenosynovitis, lateral epicondylitis and carpal tunnel syndrome. Treatment to date has included oral pain medication, a home exercise program, TENS unit, physical therapy, massage therapy and surgery. In a progress note dated 11/24/2014, the treating physician reports continued pain in the left shoulder, bilateral elbows, bilateral wrists and neck along with muscle spasms and weakness and pain was radiating in both arms. The pain was reported to occur constantly but was noted to improve with the use of medications. The injured worker reported improved function and increased ability to complete activities of daily living with the use of medication. Pain was rated as a 7-8/10 without medications and 3/10 with medications. Objective physical examination findings of the neck were notable for spasm and tenderness of the paravertebral muscles, spinous process tenderness of C5 and C6 and pain in muscles of the neck with Spurling's maneuver and positive Tinel and Phalen's test. The patient has had MRI of the cervical spine on 11/18/13 that revealed disc bulge and MRI of the right shoulder that revealed supraspinatus tendon tear. The medication list include Tramadol, Ibuprofen and Famotidine. The patient's surgical history include right CTR, and steroid injection in right elbow and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection at C5-C6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Epidural steroid injections (ESIs), Page(s): page 46.

Decision rationale: Request: Cervical epidural injection at C5-C6. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 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. Per the cited guideline criteria for ESI are: 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). Radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing was not specified in the records provided. Consistent objective evidence of upper extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, 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. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Cervical epidural injection at C5-C6 is not fully established for this patient.