

Case Number:	CM15-0106195		
Date Assigned:	06/11/2015	Date of Injury:	01/08/2015
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/03/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55-year-old male, who sustained an industrial/work injury on 1/8/15. He reported initial complaints of neck, left shoulder, and left upper extremity pain with numbness and weakness. The injured worker was diagnosed as having cervical sprain, strain, left shoulder sprain/strain, and rotator cuff syndrome, cervical disc protrusion with neuroforaminal stenosis at C3-4, C4-5, and C5-6. Treatment to date has included medication, cervical epidural steroid injections, physical therapy, and chiropractic care. MRI results were reported partial thickness tear, left rotator cuff, cervical sprain/strain injury with end plate disc osteophyte complex at C5-6, and bilateral wrist sprain/strain. Currently, the injured worker complains of severe neck, left shoulder, and left upper extremity pain with numbness and weakness. Per the pain management consultation evaluation on 4/27/15, examination revealed moderate to severe muscle spasm and guarding with cervical range of motion, severely decreased left shoulder range of motion associated with moderate to severe muscular spasm and guarding, and tenderness in the left cervico-thoracic musculature, anterior shoulder joint, and over the C4-5, C5-6, and C6-7 vertebral interspaces, minimal motor weakness of all major muscle groups of left upper extremity and mild sensory deficit over left C5 and C6 dermatomes. Orthopedic testing was consistent with rotator cuff syndrome and cervical radiculopathy. The requested treatments include left cervical epidural steroid injection, C4-C5, C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical Epidural Steroid Injection, C4-C5, C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, the available documentation does not provide objective evidence of cervical radiculopathy. Subjective radiculopathy is not corroborated objective examination or by imaging studies. The request for left cervical epidural steroid injection, C4-C5, C5-C6 is determined to not be medically necessary.