

Case Number:	CM15-0109137		
Date Assigned:	06/15/2015	Date of Injury:	04/08/2008
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/05/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female, who sustained an industrial injury on 4/08/2008, while employed as a legal secretary. She reported a fall after a previous right ankle fracture, with head trauma and trauma to her low back and right shoulder. The injured worker was diagnosed as having cervical stenosis, cervical radiculitis, lumbar degenerative disc disease, lumbar radiculitis, right shoulder impingement syndrome status post arthroscopy, and myofascial pain. Treatment to date has included diagnostics, right rotator cuff repair in 2013, lumbar epidural steroid injections, C7-T1 interlaminar epidural steroid injection (ESI) on 2/12/2014, physical therapy, transcutaneous electrical nerve stimulation unit, and medications. After the cervical ESI in 2/2014, she reported terrific relief for about a week and then noted recurrence of pain, per the PR2 report dated 3/14/2014. Currently (5/07/2015), the injured worker complains of neck pain, with radiation to the bilateral occiput, as well as the right upper extremity in an unclear distribution. She described symptoms concerning for cervical myelopathy, tremors, and tingling in the right hand. She also reported low back pain, with radiation to the right posterior thigh. Her pain was rated 6-8/10. Her medications included Norco, Flexeril, and Ambien. Her work status was total temporary disability. Exam of the cervical spine noted tenderness to palpation over the cervical facets from C3-C5 bilaterally, with evidence of myofascial tension and trigger points. She demonstrated a positive Lhermitte's sign and mild loss of sensation in the left T1 distribution. Magnetic resonance imaging from 12/19/2012 was referenced. The treatment plan included an updated cervical magnetic resonance imaging and cervical epidural steroid injections (C7-T1). Notes indicate that the patient underwent a cervical epidural steroid

injection on February 12, 2014. A follow-up report dated March 14, 2014 indicates that the epidural injection helped for about one week. An MRI of the cervical spine shows no significant discogenic disease or neural foraminal encroachment at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for repeat cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, there are no recent subjective complaints or physical examination findings supporting a diagnosis of radiculopathy, no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy the level requested, no documentation of failed conservative treatment, and no documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement following previous epidural injections. In the absence of such documentation, the currently requested repeat cervical epidural steroid injection is not medically necessary.