MAXIMUS Federal Services

Case Number:	CM15-0145063		
Date Assigned:	08/06/2015	Date of Injury:	01/06/2015
Decision Date:	09/09/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/27/2015

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

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 50 year old female who sustained an industrial injury on 1-6-15 from a fall where she fell forward with her arm extended out in front of her. She currently complains of pain in the neck; left shoulder pain that radiates into the neck and elbow with popping and locking. On physical exam there was no tenderness noted but there was decreased range of motion of the shoulder and cervical spine. Medications were Percocet; Motrin; Robaxin; Ultram. Diagnoses include left shoulder greater tuberosity fracture malunion; left sided C6-7 cervical radiculopathy. Diagnostics include MRI of the left shoulder (5-20-15) showing humeral head fracture, tendinosis, tendinopathy; computed tomography of the left shoulder (5-20-15) showing humeral head fracture; MRI of the cervical spine (3-6-15) showing spondylosis, foraminal narrowing. On 6-30-15 Utilization review evaluated a request for outpatient cervical epidural steroid injection at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Cervical Epidural Injection at The C6-7 Level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46, 47.

Decision rationale: The patient presents on 05/29/15 with unrated pain in the cervical spine, localized to the general left shoulder area which radiates into the right elbow. The patient's date of injury is 01/06/15. Patient is status post arthroscopic lysis of adhesion and subacromial decompression for post-traumatic stiffness due to greater tuberosity fracture of the left shoulder on 07/23/15. The request is for outpatient cervical epidural steroid injection at the c6-7 level. The RFA is dated 07/06/15. Physical examination dated 05/29/15 reveals generalized tenderness to palpation in the left shoulder, and decreased left upper extremity range of motion on external rotation and abduction. The patient is currently prescribed Percocet, Motrin, Robaxin, and Ultram. Diagnostic imaging included MRI of the cervical spine dated 03/06/15, significant findings include: "C5-C6 there is a 3-4mm disc and osteophyte which flatten the ventral thecal sac causing mild central spinal stenosis and right foraminal narrowing. C6-7 there is a 5mm disc and osteophyte eccentric towards the left causing mild central spinal stenosis, left lateral recess, and left foraminal narrowing." Patient is currently classified as temporarily totally disabled. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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. MTUS states on p46, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." In this case, the treater is requesting an initial cervical ESI targeted at the C6-C7 level. While this patient presents with chronic neck, left shoulder, and left elbow pain, it is not clear from the documentation provided whether the pain in the left elbow is secondary to cervical stenosis or related to this patient's left shoulder fracture. Progress note dated 05/29/15 provides subjective reports of radicular pain, however the physical examination findings to not clarify whether the pain in the left upper extremity originates in the cervical spine, or in the injured left shoulder; as the examination focuses on the shoulder and extremity range of motion. This patient's MRI dated 03/06/15 does have some significant findings in the cervical spine, though the provider does not document neurological compromise along a specific dermatomal distribution consistent with cervical stenosis. While this patient presents with significant pain complaints unresolved by other interventions, MTUS guidelines also state that there is insufficient evidence of the efficacy of cervical ESI to treat cervical radicular pain. Given the lack of unequivocal examination findings indicative of cervical radiculopathy, and the lack of firm guideline support for cervical ESI's directed at radicular pain, the request cannot be substantiated. Therefore, the request is not medically necessary.