

Case Number:	CM15-0161053		
Date Assigned:	08/27/2015	Date of Injury:	03/12/2001
Decision Date:	10/06/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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 was a 56 year old female, who sustained an industrial injury, March 12, 2001. The injured worker previously received the following treatments bilateral shoulder MRI which revealed bilateral shoulder partial thickness tears of the supraspinatus at the anterior rim, Norco, Ambien, Nexium and Soma. The injured worker was diagnosed with cervical disc disease at C4-C5 and C5-C6 with right arm radiculopathy as well as bilateral shoulder partial thickness rotator cuff tear of the supraspinatus. According to progress note of July 17, 2015, the injured worker's chief complaint was cervical spine and lumbar spine pain. The injured worker rated the pain at 7-8 out of 10. The pain was constant and worsened associated with spasms and tightness. The lumbar spine pain was rated 6 out of 10. The pain was constant and unchanged from previous visit with radiation of pain into the right leg. The injured worker felt the most of the pain originated from the neck which radiated to the arm. The physical exam of the cervical spine noted diffuse tenderness of the cervical paraspinal tenderness. The exam of the lumbar spine was unchanged. The examination of the shoulder revealed positive Phalen's and Hawkin's sign bilaterally. There was pain with abduction. The Spurling's sign was positive on the right. The treatment plan included pain management consultation for a cervical epidural injection. A progress report dated July 9, 2015 identifies decreased sensation in the patient's upper extremity. A progress report dated May 15, 2015 indicates that cervical MRI shows degenerative disk disease with foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult for cervical epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Epidural Steroid Injection.

Decision rationale: Regarding the request for Pain management consult for cervical epidural 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. ODG states that cervical epidural steroid injections are not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. They go on to state that if there is a documented exception to guidelines, they may be performed, provided they are not done at higher than C6-7 level, cervical interlaminar injections are not recommended, and particulate steroids should not be used. Diagnostic epidurals may be performed when diagnostic imaging is ambiguous. Within the documentation available for review, the requesting physician has not identified why the patient would be an exception to guideline recommendations against Cervical ESI. Additionally, there is no documentation that the procedure will be performed without particulate steroid, and using a non-interlaminar approach. In the absence of such documentation, the currently requested Pain management consult for cervical epidural injection is not medically necessary.