

Case Number:	CM15-0166079		
Date Assigned:	09/03/2015	Date of Injury:	06/01/2012
Decision Date:	10/08/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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, Hawaii

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 45 year old female with an industrial injury dated 06-01-2012. The injured worker's diagnoses include cervical radiculopathy, shoulder pain, chronic pain syndrome and cervical radiculitis. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-30-2015, the injured worker reported persistent right shoulder stiffness and right shoulder pain with radiation around her neck. The treatment plan consisted of neurology evaluation, diagnostics studies, physician referral, discussion of occipitocervical injections with pain management and follow up visit. In a progress note dated 07-31-2015, the injured worker presented with right sided neck pain, increased headaches related to neck pain, sleep disturbances and depression. The injured worker reported that the headaches extend from the back of her head to the right side of her face and into her jaw and eye. The injured worker also reported neck spasms causing numbness in the right fingers. Physical exam revealed forward flex posture, elevated shoulder on right side and limited flexion and abduction in right upper extremity. The treatment plan consisted of medication management, Magnetic Resonance Imaging (MRI), epidural steroid injection (ESI), medical massage therapy and follow up visit. The treating physician prescribed services for translaminar Epidural Steroid Injection, Cervical C6-C7 and C7-C8, Qty: 2, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar Epidural Steroid Injection, Cervical C6-C7 and C7-C8, Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents with shoulder pain, chronic pain syndrome, cervical radiculitis and cervical radiculopathy. The current request is for Translaminar Epidural Steroid Injection, Cervical C6-C7 and C7-C8 quantity 2. The treating physician's report dated 07/34/2015 (10B) states, "Headaches extend from the back of her head around the right side of her face and into her jaw and eye. She is having spasms in her neck that cause her fingers on the right to go numb." Worsening radiation of pain to the right hand was noted. Her pain is aching, numbing, shooting and throbbing. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. MTUS also states, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The MRI of the cervical spine from 03/19/2015 (31B) notes: 1. C5-C6: New type I endplate changes consistent with edema at this level. 2. Stable multilevel degenerative changes of the cervical intervertebral discs and facets causing mild central canal stenosis at C3-C4, C4-C5, and C6-C7. Moderate bilateral C5-C6 neural foraminal narrowing. Medical records do not show any previous ESI to the cervical spine. In this case, while the physician has documented dermatomal radiation of pain, the MRI does not show significant findings of radiculopathy in the C6-C7 and C7-C8 levels and the request is for 2 injections which is not supported by MTUS without functional improvement from the first injection. The current request is not medically necessary.