

Case Number:	CM15-0168188		
Date Assigned:	09/08/2015	Date of Injury:	11/14/2013
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/26/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 49 year old female, who sustained an industrial injury on 11-14-13. The injured worker has complaints of cervical spine pain. The injured worker describes the pain as swelling, stiffness and sharp radiating to the bilateral shoulders and upper back with numbness and tingling sensation radiating down the left arm into the finger. The cervical spine examination revealed tenderness noted over the trapezius and sternocleidomastoid muscles, left side greater than right with spasms, positive spurlings signs over the left trapezius muscle and there was facet tenderness to palpation. Upper extremity examination revealed positive tenderness over the left acromioclavicular joint. The documentation noted that a magnetic resonance imaging (MRI) of the neck and left shoulder were obtained in early 2014 which the injured worker was advised it was abnormal. Magnetic resonance imaging (MRI) of the cervical spine revealed at C5-C6 a three millimeter disc protrusion with an annular tear indenting the thecal sac and abutting the cord at the sagittal images, there was mild to moderate left neuroforaminal narrowing and the right neural foramen was normal. The diagnoses have included cervical discopathy and cervical radiculopathy. The documentation noted ultrasound evaluation of the bilateral shoulder on 5-9-15 had an impression of left rotator cuff tendinitis (supraspinatus), left normal long head biceps tendon, left normal glenoid labrum and normal right shoulder. Treatment to date has included left upper trapezius muscle trigger point injection; back brace; chiropractic manipulative therapy; home exercise program; physical therapy; ibuprofen and norco. The original utilization review (8-14-15) partially approved a request for left C5-6 transfacet epidural steroid inject times one

(original request was for two) and the request for home cervical traction unit was certified. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C5-6 transfacet epidural steroid inject times 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient's file does not document that the patient is candidate for surgery. In addition, a sustained pain relief (functional improvement and reduction in pain medications use) from a previous use of steroid epidural injection must be documented in order to consider a second injection. Therefore, the request for Fluoroscopically guided diagnostic catheter directed cervical ESI C5-C6 is not medically necessary.