

Case Number:	CM15-0026547		
Date Assigned:	02/18/2015	Date of Injury:	01/28/2010
Decision Date:	04/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/11/2015

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 66 year old female, who sustained an industrial injury on January 28, 2010. The injured worker had reported neck and right shoulder, elbow and wrist injuries. The diagnoses have included degenerative cervical spondylosis, myofascial pain syndrome, chronic right shoulder pain and osteoarthritis of the right shoulder. Surgeries have included right shoulder surgery in 2010 and 2011 and a right carpal tunnel release and right ulnar release in 2014. Treatment to date has included pain medication, cervical epidural steroid injections, physical therapy, cervical MRI, cervical x-rays and multiple surgeries. Current documentation dated January 21, 2015 notes that the injured worker complained of ongoing neck pain with radiation to both arms, worse on the right. Physical examination revealed sensory loss of the left hand, thumb and index finger and difficulty lifting and holding up her arms. Muscle spasms were noted in both arms and deep tendon reflexes of the right brachioradialis were decreased. On February 2, 2015, Utilization Review modified a request for an epidural steroid injection to the cervical spine. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On February 11, 2015, the injured worker submitted an application for IMR for review of an epidural steroid injection to cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection (Cervical Spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with right-sided neck pain and arm pain. The treater is requesting EPIDURAL STEROID INJECTION OF CERVICAL SPINE. The RFA dated 01/21/2015 shows a request for epidural steroid injection of cervical spine. The patient's date of injury is from 01/28/2010 and she is currently temporarily totally disabled. 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 12/05/2014 report notes that the patient has received a cervical epidural steroid injection, date unknown that left her with a headaches. The patient complains of neck pain radiating down the right upper extremity to the hand. Examination shows a positive Spurling's sign on the right. Neurologic exam of the upper extremities is normal with regards to sensation, motor strength, and deep tendon reflexes without long tract signs of pathologic reflexes. The 12/15/2014 MRI of the cervical spine shows: 1. C3-C4 mild annular bulging. 2. At C4-C5, mild bilateral facet arthropathy and slight retrolisthesis. Minimal bilateral uncovertebral spurring. 3. At C5-C6, disk osteophyte complex with mild thecal sac effacement. Mild bilateral uncovertebral spurring without evidence of lateral stenosis. 4. At C6-C7, moderate right and mild left facet arthropathy. Disk osteophyte complex with mild thecal sac effacement. In this case, aside from the patient's radicular symptoms, the examination does not show neurologic or sensory deficits. Furthermore, the MRI from 12/15/2014 does not show any stenosis or protrusion. The request IS NOT medically necessary.