MAXIMUS Federal Services

Case Number:	CM15-0210521		
Date Assigned:	10/29/2015	Date of Injury:	08/06/2014
Decision Date:	12/10/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/26/2015

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: California, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44-year-old male with a date of industrial injury 8-6-2014. The medical records indicated the injured worker (IW) was treated for herniated nucleus pulposus at C6-7 with possible radiculopathy and adhesive capsulitis with tendinosis of the left shoulder. In the 9-24-15 progress notes, the IW reported left shoulder pain, neck pain radiating to the scapula on the left with constant numbness of the index and long finger on the left and hand pain. On examination (9-24-15 notes), there was cervical spine tenderness. Foraminal compression did not cause radiating pain to the fingers. The left shoulder had limited motion and mild subacromial tenderness. Sensation was decreased in the left index and long finger. Reflexes were intact. There was no evidence of carpal tunnel syndrome causing numbness in the left index and long finger. Treatments included shoulder injection, which did not help; physical therapy (PT) for the left shoulder, which helped; PT for the cervical spine; and activity modifications. According to the provider's notes (9-24-15), MRI of the cervical spine showed foraminal stenosis on the left at C6-7 based on left paracentral protrusion and uncovertebral osteophyte formation and right greater than left foraminal stenosis at C5-C6. The IW was working regular duty. The provider recommended cervical epidural steroid injection at C6-7 for relief of the IW's scapular pain and numbness of the left fingers. A Request for Authorization was received for cervical epidural steroid injection at C6-C7. The Utilization Review on 10-8-15 non-certified the request for cervical epidural steroid injection at C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C6-C7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46 "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants)." These guidelines regarding epidural steroid injections continue to state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." CA MTUS, Neck and Back Complaints, Initial Care states that "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." Facet injections are not recommended per the Summary of Recommendations table. In this case the exam notes from 9/24/15 do not demonstrate a radiculopathy that is specific to a dermatome on physical exam. In addition there is lack of evidence of failure of conservative care. And finally CA MTUS guidelines state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Therefore the determination is for non-certification. The request is not medically necessary.