MAXIMUS Federal Services

Case Number:	CM15-0223760		
Date Assigned:	11/19/2015	Date of Injury:	02/05/2013
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/13/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 48-year-old female sustained an industrial injury on 2-5-13. Documentation indicated that the injured worker was receiving treatment for cervical spondylosis, bilateral thoracic outlet syndrome, bilateral arthropathy and left glenohumeral joint pain. Previous treatment included physical therapy, epidural steroid injection (6-22-15), Edgelow protocol home exercise and medications. Magnetic resonance imaging cervical spine (4-30-14) showed mild degenerative changes of the cervical spine particularly at the C5-6 level. In a progress note dated 8-10-15, the injured worker complained of worsening shoulder pain. The injured worker stated recent epidural steroid injection was helpful. Physical exam was remarkable for left shoulder with painful range of motion with any movement with the arm over 90 degrees of forward flexion and abduction, "diminished" rotator cuff strength, pain upon Speed test and 5 out of 5 thenar strength. The physician documented that magnetic resonance imaging cervical spine (6-11-15) was consistent with progression of degenerative disc disease at C5-6. The injured worker received a shoulder injection during the office visit with improved pain and strength. The physician recommended additional epidural steroid injections. In a progress note dated 10-1-15, the injured worker stated that previous epidural steroid injections provided "excellent" relief of her upper quarter pain that allowed her to thoroughly participate in the therapy process for her thoracic outlet syndrome. Physical exam was remarkable for left shoulder range of motion within normal limits with ongoing pain, positive Hawkin's and O'Brien's test and mild weakness of the rotator cuff strength. The treatment plan included magnetic resonance imaging left

shoulder and a second epidural steroid injection. On 11-2-15, Utilization Review noncertified a request for cervical epidural steroid injections C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection C5-C6: 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 Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Cervical epidural injection C5-C6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The most recent physical examination documentation does not indicate physical exam findings of radiculopathy in the proposed area for epidural steroid injection. The documentation is not clear that the patient had 6-8 weeks of 50% pain relief with associated medication reduction. For these reasons, the request for epidural steroid injection is not medically necessary.