

Case Number:	CM15-0039689		
Date Assigned:	03/06/2015	Date of Injury:	11/04/2003
Decision Date:	04/23/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/02/2015

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 46 year old male who sustained an industrial injury on 11/4/03 involving his neck and shoulder area. He currently complains of severe neck pain with radiation to his left arm and significant left shoulder pain with any rotation. Medications include Zanaflex, Vicodin and Ambien. Diagnoses include cervical spondylosis with left upper extremity radiculopathy; status post left shoulder arthroscopy with excision of distal clavicle, 2012; headaches; depression; anxiety; insomnia; status post left below the knee amputation, 1992, non-industrial; brachial neuritis. Treatments to date include physical therapy, which was beneficial in relieving his pain. Diagnostics include MRI of the cervical spine (9/5/14 noting left sided disc herniation and left foraminal stenosis; electrodiagnostic testing (10/1/14) consistent with moderate left C6 sensory radiculopathy. In the progress note dated 1/12/15, the treating physician's plan of care included a single cervical epidural steroid injection and because the shoulder pain is not improving he requested an MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Epidural Injection With Fluoroscopic Guidance: 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 has a date of injury of November 4, 2003 and presents with complaints of severe neck pain with radiation to the left arm. The patient also reports significant left shoulder pain with any rotation which exasperates his symptoms. The current request is for cervical epidural injection with fluoroscopic guidance. Request for authorization is dated January 22, 2014 and requests CESI x1, without specifying the level. examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." Physical examination of the cervical spine revealed tenderness upon palpation, decreased range of motion, and positive Spurling's on left. MRI of the cervical spine dated September 5, 2014 revealed 2-3 mm disc protrusion at C2-6 with normal disk height at C7-T1. Progress report dated 01/12/15 recommends " a single cervical ESI." In this case, the patient reports neck pain with radicular symptoms down the arm, but the MRI of the cervical spine does not corroborate the patient's radicular symptoms. MTUS page 46, further states that "there is insufficient evidence to make any recommendation for the use of epidural steroid injection and to treat radicular cervical spine pain." In addition, the progress report and Request for Authorization do not specify which level is to be injected. This request IS NOT medically necessary.