

Case Number:	CM15-0040960		
Date Assigned:	03/11/2015	Date of Injury:	05/06/2010
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/04/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 05/06/2010. The patient sustained the injury due to a fall. She presents on 01/28/2015 with complaints of sharp neck, mid back, low back and bilateral shoulder pain. There was radiation of pain noted from the neck to both legs with weakness to the muscles of bilateral upper and lower extremities. Physical examination of the cervical spine revealed tenderness on palpation and limited range of motion. Treatments to date include medications. Progress notes reflect the request for other treatments however, the submitted records do not document if the injured worker received those treatments. The provider was requesting cervical epidural steroid injections. Diagnosis was cervical disc displacement, radicular syndrome of upper limbs, shoulder impingement, rotator cuff tear, radicular syndrome of lower limbs and carpal tunnel syndrome. The medication list includes Ultram, Norco, Restoril, Flexmid, Prilosec and Nalfon. She has had MRI of the lumbar and cervical spine on 04/16/2014 that revealed spine disc herniation; disc protrusion and foraminal narrowing and degenerative disc disease. Other therapy done for this injury was not specified in the records provided. Any surgery or procedures related to this injury were not specified in the records provided.

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 the levels of the right C4-C5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program". Per the cited guideline criteria for ESI are 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing was not specified in the records provided. Consistent objective evidence of upper extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for cervical epidural steroid injection at the levels of the right C4-C5 is not fully established for this patient. Therefore, the request is not medically necessary.