

Case Number:	CM15-0042216		
Date Assigned:	03/12/2015	Date of Injury:	02/21/2011
Decision Date:	04/24/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/05/2015

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:

This 48 year old male sustained a work related injury on 02/21/2011. According to a progress report dated 02/24/2015, the injured worker complained of constant, mostly dull, sometimes sharp pain in the neck. Pain radiated to the left shoulder. Pain was rated 4 on a scale of 1-10. According to the provider, the injured worker underwent a cervical epidural injection on 05/14/2013. Seventy to eighty percent pain relief was reported. The injured worker remained medically retired. Diagnoses included cervical radiculopathy, status post cervical epidural steroid injection on 05/14/2013 and 10/23/2012 and status post for left shoulder surgeries with residual hypersensitivity. The injured worker wanted a cervical epidural steroid injection because the last one was helpful. He noted improvement with his range of motion and was able to reduce his pain medication after the injection. The provider noted that the injured worker had stellate ganglion blocks in the left neck many times in the past and they were very helpful for the neuropathic pain. He had steroid injections in the left shoulder and they were not much help. He had already tried exhaustive conservative care and did not want to have open surgery if it could be avoided. Treatment plan included an additional cervical epidural corticosteroid injection targeting C6 & C7 on the left under fluoroscopic guidance for diagnostic and therapeutic value.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C6 & C7 epidural corticosteroid injection under fluoroscopic guidance (for diagnostic and therapeutic value): Upheld

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

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

Decision rationale: The patient presents with neck pain rated 4/10 which possesses a dull quality. The patient's date of injury is 02/21/11. Patient is status post cervical epidural steroid injection on 05/14/13 and 10/23/12, and status post unspecified left shoulder surgery. The request is for LEFT C6/C7 EPIDURAL CORTICOSTEROID INJECTION UNDER FLUOROSCOPIC GUIDANCE - FOR DIAGNOSTIC AND THERAPEUTIC VALUE. The RFA is dated 02/24/15. Physical examination dated 02/24/15 reveals tenderness to palpation of the cervical paraspinal muscles, limited range of motion in all planes, and hypersensitivity to pain on the left shoulder. Treater also notes that the patient had markedly decreased grip strength on the left side. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Per 02/24/15 progress note patient is medically retired. MTUS has the following regarding ESIs, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical 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." 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, with a general recommendation of no more than 4 blocks per region per year. MTUS states on p46, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." In this case, the treater is requesting a third cervical ESI to be performed at C6/C7 level. Progress report dated 02/24/15 does not include any unequivocal findings indicating cervical radiculopathy, only a complaint of severe pain and guarding of the cervical spine and left upper extremity as well as loss of grip strength in the left hand. No imaging of the cervical spine was provided, nor was discussion of discopathy at the levels requested. While this patient did report 70-80 percent improvement following the last cervical ESI, MTUS guidelines state that there is insufficient evidence of the efficacy of cervical ESI to treat cervical radicular pain. Therefore, the request IS NOT medically necessary.