

Case Number:	CM15-0045198		
Date Assigned:	03/17/2015	Date of Injury:	03/04/2014
Decision Date:	04/20/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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: Arizona, 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 55 year old female, who sustained a work related injury on 3/4/14. She tripped on a stair and landed on her right shoulder. The diagnoses have included cervical spine sprain/strain, rule out cervical spine degenerative disc disease and status post right shoulder surgery. Treatments to date have included acupuncture, rest and medications. In the PR-2 dated 1/15/15, the injured worker complains of constant, sharp and aching right shoulder pain that travels to her left shoulder and right forearm. She rates the pain a 9/10. She has increased pain when working and at night. She has tenderness to palpation of right shoulder joint. She has decreased range of motion in right shoulder due to pain. She complains of frequent pain in left forearm that is sharp and tingling. She states she has numbness and tingling in her left pinky finger and left bicep. She rates this pain a 9/10. She complains of intermittent pain in her left neck that radiates to left forearm. She describes the pain as sharp and stabbing. She complains of numbness and tingling in the left forearm. She rates this pain a 9/10. She has tenderness to palpation of cervical spine musculature with spasm. She has some limited range of motion in neck due to pain. She did not take medications before this visit and pain ratings are without medications. The treatment plan is to continue to request authorization for cervical spine epidural injections related to positive MRI findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: 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. 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). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 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 this case, the claimant had neuroforaminal stenosis on MRI in 10/2014 and abnormal compression findings on physical exam of the cervical spine. The request was not under fluoroscopy. The EMG/NCV were unremarkable. The exam is not fully corroborated by imaging. In addition, invasive procedures such as ESI do not provide lasting benefit. As a result the request is not medically necessary.