

Case Number:	CM15-0049664		
Date Assigned:	03/23/2015	Date of Injury:	08/27/2014
Decision Date:	05/06/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

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:

This is a 58 year old male patient who sustained an industrial injury on 8/27/14. The diagnoses include severe cervical strain rule out central canal stenosis with root impingement, bilateral impingement syndrome possible supraspinatus tendon tears, stenosis at pulley right long finger, stenosis at pulley left finger. He sustained the injury due to cumulative trauma. Per the doctor's note dated 2/19/2015, he had complaints of pain in the neck and shoulders, triggering all digits except thumbs and paresthesia in hands. The physical examination revealed decreased range of motion of bilateral shoulders, positive Hawkins and drop arm test; positive Spurling test, 1+ deep tendon reflexes in bilateral upper extremities and normal sensation in bilateral upper extremities. The medications list includes tramadol, naproxen and norco. He has had cervical MRI on 11/4/2014 which revealed minor annular bulge at C4-5 and C6-7 without central canal stenosis and moderate right C6-7 foraminal narrowing. He has had physical therapy and activity modification for this injury.

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 C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

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

Decision rationale: Cervical epidural steroid injection at C6-C7. 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)." Patient had neck and bilateral shoulder pain. Physical examination revealed positive Spurling test and normal sensation in bilateral upper extremities. He also has a positive Hawkins test and drop arm test which is suggestive of shoulder pathology. Unequivocal evidence of radiculopathy documented by physical examination and corroborated by electrodiagnostic testing is 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. Failure to previous conservative therapy including physical therapy visits and pharmacotherapy (anticonvulsant or anti-depressant) is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of cervical epidural steroid injection at C6-C7 is not fully established for this patient. Therefore the request is not medically necessary.