

Case Number:	CM15-0089316		
Date Assigned:	05/13/2015	Date of Injury:	06/19/2014
Decision Date:	06/19/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/08/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 was a 45 year old female, who sustained an industrial injury, June 19, 2014. The injured was sustained from cumulative trauma injury, from answering phones at a fast pace. The injured worker previously received the following treatments cervical spine MRI, Ultracet, Prilosec, Anaprox, Cyclobenzaprine, extensive physical therapy, left shoulder MRI, medications, work modifications and diagnostic imaging studies. The injured worker was diagnosed with displacement of cervical intervertebral disc without myelopathy, cervical degeneration, impingement syndrome, left epicondylitis lateral, epicondylitis medial, impingement syndrome and left arm carpal tunnel syndrome. According to progress note of March 30, 2015, the injured workers chief complaint was complaints of neck pain, left shoulder pain, and left arm pain, all equally the same. The injured worker states that 50% of the pain in the neck and 50% in the left arm. The low back pain radiates down the back of the left leg. The neck pain was 10 out of 10 in severity, left arm pain 10 out of 10 in severity and right arm pain 6 out of 10 in severity, low back pain 10 out of 10 in severity and left leg pain 10 out of 10 in severity. The physical exam noted negative straight leg rises bilaterally. On April 23, 2015, a left shoulder subacromial injection was provided which offered the injured worker a 75% relief in the left shoulder pain. The treatment plan included epidural steroid injection with lidocaine only.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 (cervical-thoracic) Translaminar Epidural Steroid Injection with lidocaine only:
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 Pain Interventions and Guidelines Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case, the patient had prior cervical epidural steroid injection approved. It was not performed because the patient has history of bad effects to previous steroid injections. There is an increased risk of adverse effects with steroid injections. The request is not medically necessary and should not be authorized.