

Case Number:	CM15-0098203		
Date Assigned:	05/29/2015	Date of Injury:	03/01/2012
Decision Date:	07/02/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/21/2015

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:

The injured worker is a 44 year old male who sustained an industrial injury on 3/1/12 with current complaints of neck pain and stiffness radiating to the right shoulder. Diagnoses are right shoulder leading edge rotator cuff tear, cervical sprain/strain, cervical myospasm, cervical disc protrusion, cervical radiculopathy, status post right shoulder superior labrum anterior and posterior repair on 7/28/14. A treating physician progress note dated 3/9/15 reports subjective complaints of constant moderate 6 out of 10, achy neck pain and stiffness radiating to the right shoulder, aggravated by sudden or repetitive movement, looking up and down. He also reports fatigue. Objective findings on exam document cervical ranges of motion are decreased with flexion 40/50, extension 45/60, left lateral bending 40/45, right lateral bending 40/45, left rotation 80/80, right rotation 80/80. There is 3 plus tenderness to palpation of the cervical paravertebral muscles and bilateral trapezii. There are no imaging studies available for review. The most recent work status documented that he is to remain off work until 3/30/15. Treatment to date includes Tramadol, Oxycodone, Cidaflex, Ambien, Celebrex, topical cream, chiropractic treatment, at least 24 physical therapy visits, and a home exercise program. A physician note dated 12/29/14 indicates a treatment plan to include a repeat cervical epidural steroid injection at C6-7. A cervical epidural steroid injection at C6-7 is documented on 3/10/15. The treatment requested is cervical epidural steroid injection at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections Page(s): 46.

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

Decision rationale: Based on the 3/9/15 progress report provided by the treating physician, this patient presents with constant moderate neck pain/stiffness radiating to the right shoulder, rated 6/10 on VAS scale, aggravated by sudden/repetitive movement and looking up/down. The treater has asked for epidural steroid injection at C6-7 on 3/9/15. The request for authorization was not included in provided reports. The patient has frequent flare-ups of pain in the cervical spine especially in cold weather per 12/29/14 report. The patient is currently taking Celebrex per 3/9/15 report. The patient states that his overall condition has improved since his right shoulder arthroscopic subacromial decompression and debridement from 7/28/14 and subsequent physical therapy per 2/13/15 report. The patient had a prior cervical epidural steroid injection at C6-7 which decreased pain by 50% for 6 weeks, but the date of the injection was not specified. Review of the reports do not show an MRI of the cervical spine. The patient is to remain off work until 3/30/15 per 2/13/15 report. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." and 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. In this case, the patient did receive a prior cervical epidural steroid injection of unspecified date which decreased pain by 50% for 6 weeks. Physical examination reveals decreased cervical range of motion but no sensory deficits. However, MRI of the cervical spine has not been made available to the treater or provided for reiew. Radiculopathy is not documented with lack of dermatomal distribution of pain along with physical examination findings corroborated by MRI findings. MTUS states on p46, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Therefore, the request is not medically necessary.