

Case Number:	CM13-0041880		
Date Assigned:	12/20/2013	Date of Injury:	02/22/2007
Decision Date:	06/17/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/15/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 2, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; cervical MRI imaging of the December 8, 2008, notable for minimal disk bulge in C5-C6 with some faint abutment upon the spinal cord at C6-C7; and topical agents. A July 5, 2013 progress note is notable for comments that the applicant reports persistent left shoulder pain. The applicant is also reporting neck pain radiating to the left arm. The applicant's pain level ranges from 3 to 7/10, it was stated. Some diminished sensorium was noted about the left hand. The applicant was described as having chronic cervical radiculopathy, left shoulder impingement syndrome, myofascial pain syndrome, and mild-to-moderate left-sided carpal tunnel syndrome. Flector and Tramadol were endorsed. On a later note of September 9, 2013, the applicant is asked to consider pursuit of C5-C6 discectomy and fusion surgery. It was stated that the applicant had earlier received a 31% whole-person impairment rating and had also been given a questionable diagnosis of chronic regional syndrome. Weakness about the left thumb and finger musculature was noted with diminished sensorium noted about the left hand and digits. A cervical epidural steroid injection, Tramadol, and Flector patches were sought. The applicant's work status was not provided. It was stated that earlier electrodiagnostic testing of June 14, 2011 showed moderate-to-severe carpal tunnel syndrome and left C6-C7 nerve root irritation. In a medical-legal evaluation of December 19, 2012, it was stated that the applicant had earlier obtained a cervical epidural steroid injection in April 2009 and had earlier had electrodiagnostic testing which was consistent with cervical radiculopathy. The applicant was apparently given a 31% whole-person impairment rating. The applicant was not working, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections topic.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat of epidural steroid injection should be predicated on evidence of functional improvement with earlier blocks. In this case, however, there has been no such demonstration of functional improvement with earlier blocks. The applicant is seemingly off work. The applicant remains highly reliant and dependent on various forms of medical treatment, including shoulder corticosteroid injections, physical therapy, Tramadol, Flector patches, etc. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f, despite earlier cervical epidural steroid injection. Therefore, the request for additional cervical epidural steroid injection therapy is not medically necessary.