

Case Number:	CM14-0143280		
Date Assigned:	09/10/2014	Date of Injury:	07/17/2012
Decision Date:	10/10/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/04/2014

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 Internal Medicine and is licensed to practice in Texas and Illinois. 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 injured worker is a 42 year old male with a reported injury on 07/17/2012. The mechanism of injury was a motor vehicle accident. The injured worker's diagnoses included lumbago, and disorders of the bursae and tendons in the shoulder region. Section 3: The injured worker's previous treatments included medications, physical therapy, and chiropractic care. The injured worker's diagnostic studies included a cervical MRI on 1/4/2013 which revealed a C4-5 1 mm disc protrusion and central tear of the annulus fibrosus, a 1-2 mm bulge at C5-6, and a 2-6 mm central and left paracentral disc extrusion at C6-7. He also had a lumbar MRI on 01/04/2013 and an MRI of the left shoulder dated 01/04/2012. No surgical history was provided. The injured worker was evaluated for right hand numbness and weakness and insomnia on 08/22/2014. He also complained of right dull and aching shoulder pain with certain movements and low back pain. He rated his pain as 8/10 with a history of 2-9/10. His pain was relieved by moving the arm and exercise. The clinician observed and reported physical examination findings. The cervical spine range of motion was full in all planes and appeared normal in alignment. There was no spinous process tenderness or masses notes. Spurling's test was negative bilaterally. Right shoulder range of motion was measured at 90 degrees of forward flexion, 100 degrees of abduction, 50 degrees of external rotation, 45 degrees of internal rotation, and 15 degrees of extension. There was tenderness to palpation over the anterior aspect of the right shoulder and a well healed scar was noted. The drop arm and crossed arm abduction tests were positive while the Hawkin's and Yergason's tests were negative. Section 8: <The injured worker's medications included Norco and Ambien. The request was for Cervical ESI (epidural steroid injection) at C7-T1. No rationale for the request was provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI (epidural steroid injection) at C7-T1: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for Cervical ESI (epidural steroid injection) at C7-T1 is not medically necessary. The injured worker complained of right hand numbness and weakness. The California MTUS Chronic Pain Guidelines recommend epidural steroid injection as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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. The criteria for the use of epidural steroid injection include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), and injections should be performed using fluoroscopy (live x-ray) for guidance. No documentation was provided regarding a trial and failure of NSAIDs. The documentation did not indicate decreased sensation to the C7-T1 dermatomes. There is a lack of documentation indicating the injured worker has decreased strength, as no measures of strength were provided for review. Spurling's test was negative. The cervical spine MRI performed on 01/04/2013 revealed a 2-6 mm central and left paracentral disc extrusion at C6-7. The injured worker expressed decreased pain with exercise. Additionally, the request did not include fluoroscopy for guidance. Therefore, the request for Cervical ESI (epidural steroid injection) at C7-T1 is not medically necessary.