

Case Number:	CM14-0147813		
Date Assigned:	09/15/2014	Date of Injury:	06/22/2008
Decision Date:	10/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 57-year-old female who has submitted a claim for cervical spondylosis, shoulder joint pain, osteoarthritis shoulder, bursitis, and calcific tendinitis shoulder associated with an industrial injury date of 06/22/2008. Medical records from 02/07/2014 to 08/13/2014 were reviewed and showed that patient complained of right shoulder pain (pain scale grade unspecified). There was no complaint of neck pain or upper extremity radicular symptoms. Physical examination revealed painful active right shoulder range of motion (ROM), intact neurologic findings of upper extremities, and negative Spurling's test. Cervical spine MRI results were not made available. Treatment to date has included PRP, physical therapy, and oral and topical pain medications. Of note, there was no documentation of functional outcome from aforementioned treatments. Utilization review dated 08/26/2014 denied the request for right cervical epidural steroid injection due to the lack of presence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injections, right cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Treatment Guidelines recommend epidural steroid injections (ESI) as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. 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. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; No more than two nerve root levels should be injected using transforaminal blocks; No more than one interlaminar level should be injected at one session; In this case, the patient did not complain of neck pain or upper extremity radicular symptoms. Physical examination findings included intact neurologic findings of upper extremities and negative Spurling's test. The patient's clinical manifestations were inconsistent with focal neurologic deficit to support presence of radiculopathy. Cervical spine MRI results were not made available. Hence, objective findings and imaging results do not provide evidence of radiculopathy to support ESI. Furthermore, there was no documentation of functional outcome from previous treatments to provide evidence of treatment failure. The request failed to indicate the level(s) of cervical ESI. Therefore, the request for Epidural Steroid Injections, right cervical is not medically necessary.