MAXIMUS Federal Services

Case Number:	CM14-0147953		
Date Assigned:	09/15/2014	Date of Injury:	09/19/2012
Decision Date:	10/29/2014	UR Denial Date:	09/02/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 patient is a 60 year old female smoker who sustained an industrial injury on 9/19/2012. She is status post bilateral C5-6 epidural steroid injection on 6/20/2014. A peer review on 4/9/2014 modified the request for bilateral C5-6 transforaminal epidural steroid injection x 2, to allow bilateral C5-6 transforaminal epidural steroid injection x 1. A peer reviews on 9/2/2014 denied the request for second bilateral C5-C6 TESI x 1. The medical records did not establish continued objective documented pain and functional improvement for at least 6-8 weeks following the ESI on 6/20/2014. The cervical MRI on 9/7/2013 provided the impressions: 1. Multi-level endplate degenerative changes. 2. At C5-C6, there is a 3-mm right foraminal disc osteophyte complex with abutment of the exiting right cervical nerve root. Then is also a 2-mm left foraminal disc osteophyte complex with abutment of the exiting left cervical nerve root. 3. At C6-C7, them is a 2-mm midline disc protrusion with a mild degree of central canal narrowing. 4. At T1-T2, there are 3-mm biforaminal disc protrusions resulting in abutment of the exiting nerve roots bilaterally. 5. Then is a heterogeneous appearance of the thyroid gland for which correlation with thyroid ultrasound imaging is recommended. According to the pain management follow-up report dated 7/22/2014, the patient was last evaluated on 2/25/2014. She currently complains of neck pain and right shoulder pain rated 4/10. Neck pain is on and off. When she extends her arm she experiences pain and burning sensation in the shoulder. On 6/20/2014 she was administered bilateral C5-6 transforaminal epidural steroid injection and got relief for 2 days after, 70% relief on week one and 50% relief for the next five weeks. She was able to have ROM on her neck. She is taking her medications. Physical examination demonstrates moderate paravertebral to trapezius tenderness with spasm right greater than left, positive Spurling's bilaterally, good cervical ROM, facet tenderness decreased sensation of C6 dermatome bilaterally, 4/5 right wrist extensor strength, and 1+/2+ symmetrical reflexes. Diagnoses are cervical disc disease, cervical

radiculopathy, right shoulder impingement, and status post right wrist surgery. According to the 8/13/2014 PTP progress report, the patient complains of cervical pain to bilateral UE and right shoulder pain with weakness, and left shoulder pain secondary to overuse. She complains condition is worsening. Symptoms are mild-moderate and constant. Physical examination of cervical spine indicates decreased sensory BUE C7-8 dermatomes, decreased lordosis, bilateral TTP with spasm, + axial compression and decreased AROM. Diagnoses are cervical S/S, spondylosis C3-7, bilateral shoulder strain, tendinosis and partial rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second bilateral C5-C6 TESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the use of Epidur.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: CA MTUS guidelines recommend Epidural Steroid Injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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. Based on the records available including 2/25/2014, 7/22/2014 and 8/13/2014 progress reports, the patient did not obtain clinically significant pain relief with reduction pain medication use and improved function, as result of prior CESI. Reported pain level is unchanged from when reported in 2/25/2014 report. The medical records do not establish the patient had sustained at minimal 50% reduction in pain level with notable reduction in medication use and improved objective function, to support a second cervical epidural injection. Therefore the request is not medically necessary.