

Case Number:	CM14-0161876		
Date Assigned:	10/07/2014	Date of Injury:	10/13/2009
Decision Date:	11/07/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	10/02/2014

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 and Rehabilitation and is licensed to practice in 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 54-year-old male who reported a work related injury on 10/13/2009. The mechanism of injury was not provided for review. The injured worker's diagnoses includes displacement of cervical intervertebral disc without myelopathy, rotator cuff syndrome of the shoulder and allied disorders, cervicgia, localized osteoarthritis primarily involving the shoulder region, and disorder of bursae and tendons in the shoulder region unspecified. The injured worker's past treatment was noted to include medication managements and injections. The injured worker's diagnostic studies were not provided for review. Upon examination on 08/25/2014, the injured worker stated with a previous cervical epidural steroid injection on 02/11/2014, he had a 75% reduction in pain, improved overall function, reduced reliance on pain medication and improvement in quality of sleep. It is noted that the injured worker stated the pain came back, and the spasms in the hands were worse. He relies on pain medication daily. The injured worker noted that his pain was a 7/10 on a visual analog scale (VAS), and a 5/10 with medications. He described the pain as sharp and aching. It was noted that the pain was aggravated by use of his upper extremities. Upon physical examination of the cervical, thoracic and lumbar spinal region, it was noted that normal curvature was maintained. Cervical range of motion was limited on the right lateral rotation, side left bending, and flexion. On palpation, there was moderate tenderness over the trapezius and right sided cervical paraspinal muscles, as well as the right subdeltoid bursa. Range of motion was noted to be decreased in the right shoulder at all fields. The patient has tenderness was noted over the right AC joint. A sensory examination revealed decreased sensation to light touch and pinprick over the right C6-7 dermatomal distribution. Right hand grip was measured at 4+/5, and right shoulder resistance was 4+/5. The injured worker's prescribed medications were noted to include orphenadrine, tramadol, and trazodone. The treatment plan consisted of repeat cervical epidural steroid

injection to be performed at the C7-T1 level, orphenadrine, tramadol, trazodone, and a followup in 6 weeks. The rationale for the request was pain. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One repeat cervical epidural steroid injection (ESI) at C7 - T1: 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 Epidural steroid injections Page(s): 46.

Decision rationale: The request for 1 repeat cervical epidural steroid injection at C7-T1 is not medically necessary. The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain, which is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Epidural steroid injections can offer short term pain relief, and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The purpose of an 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. It is noted within the documentation that the injured worker had 2 previous epidural steroid injections on 12/11/2012 and 02/11/2014. With the most recent epidural steroid injection on 02/11/2014, the injured worker reported 75% reduction in pain and improved overall function, reduced relying on pain medications, and improvement in quality of sleep. According to the guidelines, current research does not support a series of 3 injections, in either the diagnostic or therapeutic phase. The guidelines recommend no more than 2 epidural steroid injections. As such, the request for a repeat cervical epidural steroid injection at C7-T1 is not medically necessary.