

Case Number:	CM14-0185411		
Date Assigned:	11/13/2014	Date of Injury:	09/11/2013
Decision Date:	12/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/06/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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 58-year-old female with a date of injury of 09/11/2013. According to progress report 09/29/2014, the patient presents with neck and right shoulder pain. Patient states that her sleep is disturbed multiple times per night secondary to pain. Examination revealed blood pressure as 129/82 mmHg, temperature 98 degrees, height 5 feet 6 inches, and weight 185 pounds. "The patient is alert, oriented, and cogent, fatigue-appearing, sits stiffly in chair, not sleeping well at all, mood is calm and participative, has baseline grooming, speech is clear without sedation, and gait is erect and independent. She reports no neurological changes." The listed diagnoses are: 1. cervical degenerative disk disease with intractable neck pain secondary to industrial injury. 2. Right shoulder pain, most likely referred radiculopathy from neck secondary to industrial injury. 3. Insomnia secondary to pain. 4. Situational stress. Treatment plan includes medications, MRI of the right shoulder and bilateral interlaminar epidural injection for the cervical spine. Utilization review denied the request on 10/08/2014. Treatment reports from 03/24/2014 through 09/29/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C6-C7 interlevel cervical ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46 and 47.

Decision rationale: This patient presents with neck and right shoulder pain. This is a request for bilateral C6 to C7 interlaminar cervical ESI. Progress report 07/21/2014, indicates the patient has right-sided neck pain and shoulder pain with radiating symptoms down the right arm with associated numbness and tingling. MRI of the cervical spine from 08/25/2014 revealed multilevel degenerative disk disease affecting the lower levels. Disk bulges with annular tears are present, no spinal canal stenosis. The MTUS Guidelines has the following regarding ESI under the chronic pain section page 46 and 47, "Recommended as an option for treatment of radiculopathy pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." In this case, the patient presents with some radiating symptoms in the right upper extremity. However, MRI report from 08/25/2014 revealed "No spinal canal stenosis." In addition, the treater requests a bilateral ESI but only documents right-sided radicular symptoms. The MTUS recommends ESI for patients with radiculopathy that is corroborated by MRI findings. Furthermore, the MTUS states, "There is insufficient evidence to make any recommendation for the use of epidural steroid injection to treat radicular cervical pain." Recommendation is for denial.