

Case Number:	CM14-0094095		
Date Assigned:	07/25/2014	Date of Injury:	01/27/2000
Decision Date:	12/31/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/20/2014

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, has a subspecialty in Pain Medicine 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:

This is a female patient with a date of injury of January 27, 2000. A utilization review determination dated June 5, 2014 recommends non-certification of a cervical epidural steroid injection left side C5-C6, C6-C7 x2 and left medial branch block at L4, L4, and S1. A progress note dated May 12, 2014 identifies subjective complaints of neck pain described as a constant sharp, aching, pressure like, and stabbing sensation. The pain radiates to the left shoulder and left upper arm. The patient describes her pain as a 9/10 and she states that the medications reduce her pain to a 6/10. The patient states that she started having left arm and shoulder pain after having c-spine surgery. The patient has a history of having had to injections that were helpful. The patient reports that her arm is painful to touch and has radiation down her entire arm into her chest/breast area. The physical examination identifies positive impingement sign on the right shoulder, bilateral positive Spurling's test, and grip strength on the right is so low it is immeasurable. The diagnoses include brachial neuritis or radiculitis, cervical disc displacement without myelopathy, depressive disorder not otherwise classified, cervical spondylosis without myelopathy, lumbar inter-vertebral disc displacement without myelopathy, insomnia, lesion of the ulnar nerve, medial epicondylitis of the elbow, osteoarthritis, rotator cuff syndrome of the shoulder, other affections of shoulder region, and primary localized osteoarthrosis. The treatment plan recommends prescription for OxyContin 20 mg TID #45, request for left side medial branch block L4, L5, S1, and a request for cervical epidural at C5-6 and C6-7 the previous cervical epidural help to bring her pain from a 8/10 to 3/10. The treatment plan also reports that the patient is to follow up with a doctor for her left shoulder for a potential left shoulder arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection left side C5-C6, C6-C7 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

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

Decision rationale: Regarding the request for cervical epidural steroid injection left side C5-C6, C6-C7 x2, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of radiculopathy. Furthermore, there is no MRI or EMG nerve conduction study that supports the diagnosis of radiculopathy. Additionally, there is no documentation of objective functional improvement from a previous cervical epidural steroid injection. In the absence of such documentation, the currently requested cervical epidural steroid injection left side C5-C6, C6-C7 x2 is not medically necessary.

Left medial branch block at L4 L5 S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: Facet joint diagnostic blocks (injections)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for left medial branch block at L4, L5, S1, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, there are no subjective complaints or objective findings to support facet joint pain. As such, the currently requested left medial branch block at L4, L5, S1 are not medically necessary.