

Case Number:	CM14-0218435		
Date Assigned:	01/08/2015	Date of Injury:	03/04/2013
Decision Date:	05/28/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 37 year old male who reported injury on 3/04/2013. The mechanism of injury was that the injured worker was standing inside a metal case that was attached to a forklift and he was approximately 15 feet in the air and the forklift driver pushed a wrong button causing the cage to fall. The prior therapies included physical therapy and acupuncture. There was a Request for Authorization submitted to support the request dated 11/21/2014. The injured worker underwent an MRI of the cervical spine on 03/20/2013 which revealed there was a central focal disk protrusion and a broad-based protrusion abutting the spinal cord producing spinal canal narrowing at C5-C6 with bilateral foraminal narrowing. Per the most recent submitted periodic report dated 7/03/2014, the injured worker reported increasing right shoulder pain. He also notes low back pain and right knee pain, as well as neck pain with intermittent lancinating pain to the left upper extremity. Objective physical examination reveals shoulder pain, and decreased range of motion with extension, abduction and internal and external rotation. There is pain over the apex of the shoulder and the posterior subscapularis and suprascapularis muscles. There was decreased range of motion of the cervical spine with a positive compression test and tenderness in the left neck as well as decreased sensation in the left upper extremity in the C6 distribution. This is unchanged from the previous assessment. Diagnoses include cervical radiculopathy, cervical stenosis, cervical myofascial pain, left shoulder pain and right knee pain. The plan of care includes medications, epidural steroid injections, home and stretching exercises, and EMG study. Work Status is not provided. An EMG/NCS study was performed on 8/22/2014 and revealed evidence of mild left unary nerve entrapment at the left elbow and no evidence of

cervical radiculopathy. Per the UR, he has completed 11 months of physical therapy with moderate benefit and has also had acupuncture. On 12/16/2014, Utilization Review non-certified a prescription for a cervical epidural steroid injection left C5-6 based on lack of medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines/ACOEM Guidelines were cited.

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 C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDS and Muscle Relaxants. 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. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The clinical documentation submitted for review indicated the injured worker had decreased sensation in the left upper extremity in a C6 distribution; however, there was a lack of documentation of a failure of conservative care including NSAIDs, muscle relaxants, physical therapy and exercise and there was a lack of documentation of corroboration of radiculopathy through imaging studies or electrodiagnostic testing as there was no imaging study submitted for review and the Nerve conduction study was negative for radiculopathy. Given the above, the request for cervical epidural steroid injection left C5-6 is not medically necessary.