

Case Number:	CM14-0219154		
Date Assigned:	01/09/2015	Date of Injury:	09/12/2012
Decision Date:	03/09/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/31/2014

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

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 is a patient with a date of injury of September 12, 2012. A utilization review determination dated December 9, 2014 recommends modified certification of a cervical epidural steroid injection. Modified certification appears to have been made to recommend only one epidural injection, epidurography, and monitored anesthesia care. The note indicates that the patient has failed conservative treatment, has electrodiagnostic studies supporting a diagnosis of radiculopathy, and had greater than 50% reduction in pain for 2 months with functional improvement from a previous epidural steroid injection. An MRI of the cervical spine dated November 6, 2013 shows no compromise of the subarachnoid space, cord, or neural foramina at C5-6. An electrodiagnostic study dated July 8, 2014 is positive for mild left cubital tunnel syndrome with no evidence of cervical radiculopathy. A progress report dated November 11, 2014 identifies subjective complaints of ongoing pain in the neck and left shoulder. The pain radiates into the left arm. The note indicates that the patient underwent a cervical epidural steroid injection on July 11, 2014 and had 50-60% relief and was able to perform activities of daily living. The note indicates that the patient has had physical therapy and medications previously. Objective examination findings revealed decreased sensation in the left upper extremity in the C4 distribution with 5/5 strength. Diagnosis is cervical degenerative disc disease. The treatment plan recommends a cervical epidural steroid injection with IV sedation due to fear of spinal injections. Additionally a copy of an EMG performed on May 2014 is requested. A progress report dated November 19, 2014 indicates that the patient continues to have discomfort and limited range of motion in the right shoulder. Sensation is noted to be intact. Diagnosis is severe

glenohumeral arthrosis. A progress report dated September 10, 2014 states that the patient's pain is unchanged and recommends a repeat cervical epidural steroid injection. An electro diagnostic study dated July 10, 2014 shows moderate left C8 and mild left T1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 Cervical Epidural Steroid Injection with Epidurography and Monitored Anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for repeat C5-6 Cervical Epidural Steroid Injection with Epidurography and Monitored Anesthesia, 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. Guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, there are no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy at the proposed treatment level. Additionally, there is unclear documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement following previous epidural injections. Finally, there is a disagreement as to whether the patient has neurologic findings in the upper extremity at the proposed treatment level. In the absence of clarity regarding those issues, the currently requested repeat C5-6 Cervical Epidural Steroid Injection with Epidurography and Monitored Anesthesia is not medically necessary.