

Case Number:	CM15-0009200		
Date Assigned:	01/27/2015	Date of Injury:	05/08/2003
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 56 year old female, who sustained a work related injury, May 8, 2013. The injured workers chief complaint was neck pain radiating down the arm. The injured worker was diagnosed with left shoulder pain, depression, left shoulder repair times 6 and cervical spine radiculopathy, mild deltoid atrophy, infraspinatus muscle with moderate atrophy The injured worker was treated with pain medication, anti-depressants, left shoulder surgery and muscle relaxants. The documentation was limited to 5 progress notes, dated June 10, 2014 through December 10, 2014. December 10, 2014, the primary treating physician requested authorization for a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injections: Upheld

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

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

Decision rationale: The applicant is a represented 56-year-old who has filed a claim for chronic neck and shoulder pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of May 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder surgery; and unspecified amounts of physical therapy. In a Utilization Review Report dated December 10, 2014, the claims administrator reportedly denied a request for a cervical epidural steroid injection. The applicant's attorney subsequently appealed. On June 3, 2014, the applicant reported ongoing issues with shoulder pain and depression. The applicant was status post multiple shoulder surgeries. The applicant was using Lexapro, Colace, Lidoderm, Amrix, Ativan, Phenergan, Flexeril, Cymbalta, and OxyContin, it was acknowledged. The applicant was considering shoulder surgery, it was stated in one section of the note, while another section of the note stated that the applicant did not want further shoulder surgery. The applicant did not appear to be working. The note was very difficult to follow and mingled historical complaints with current complaints. In a progress noted dated December 10, 2014, the applicant reported persistent complaints of neck pain radiating to the left arm. An epidural steroid injection was sought. The applicant was on Amrix, bisacodyl, cyclobenzaprine, Cymbalta, Lexapro, Lidoderm patches, Ativan, OxyContin, and Phenergan. The applicant was given a diagnosis of cervical radiculitis. Once again, the note was extremely difficult to follow and mingled historical issues with current issues. REFERRAL

QUESTIONS:1. Decision for cervical epidural steroid injections: The proposed cervical epidural steroid injection is not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend epidural steroid injection as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this decision by noting that evidence of radiculopathy should be either radiographically and/or electrodiagnostically corroborated. Here, however, the attending provider did not clearly establish the presence of either radiographic or electrodiagnostic corroboration of radiography. The attending provider did not state whether the applicant had or had not a previous epidural steroid injection. The attending provider did not state whether the block in question was intended for diagnostic or therapeutic effect. Therefore, the request was not medically necessary.