

Case Number:	CM15-0014662		
Date Assigned:	03/09/2015	Date of Injury:	12/01/2010
Decision Date:	04/14/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male sustained a work related injury on 12/01/2010. According to a progress report dated 12/17/2014, the injured worker presented for ongoing left shoulder pain as well as left-sided neck pain. The injured worker had received physical therapy and acupuncture, which were not particularly helpful. Pain interfered with activities of daily living and sleep. Pain was rated 7 on a scale of 1-10. Past medical history included left shoulder surgery x 2 and knee surgery. Medications included Cymbalta, Fentanyl Patch, Gabapentin and Naprosyn. Physical examination revealed tenderness and some paraspinous spasm on the left side of the neck laterally. Range of motion was moderately decreased especially with extension and rotation. There was generalized tightness around the shoulder girdle on the left with some impingement. Range of motion was somewhat decreased on the left. MRI from 2012 and 2013 revealed a central disc herniation at C5-6 with some ventral cord deformation but no evidence of cord edema or myelomalacia. He had a broad-based central and very slightly left paracentral protrusion at C6-7 with possibly some mild foraminal narrowing. Assessment was noted as displacement of cervical intervertebral disc without myelopathy. A cervical epidural injection was recommended. On 12/26/2014, Utilization Review non-certified left C6-7 transforaminal epidural steroid injection. According to the Utilization Review physician, there was evidence that there was a mildly indented thecal sac at the C5-6 and C6-7 level, but the injured worker's clinical presentation did not provide any evidence of neurological injury at these levels. CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, page 46. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C6-7 transforaminal epidural steroid injection: 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 ESI Page(s): 46-47.

Decision rationale: The patient presents with unrated left shoulder and left-sided neck pain. The patient's date of injury is 12/01/10. Patient is status post two shoulder surgeries, though the exact procedures, sides, and dates are not specified. The request is for left C6-7 transforaminal epidural steroid injection. The RFA was not provided. Physical examination dated 12/17/14 reveals tenderness to palpation and spasm to the cervical paraspinal muscles on the left side, reduced cervical range of motion; especially on extension and rotation. Left shoulder examination reveals generalized tightness around the shoulder girdle with some impingement noted. The patient is currently prescribed Cymbalta, Fentanyl patches, Gabapentin, and Naprosyn. Diagnostic imaging included MRI of the cervical spine dated 03/26/13, significant findings include: "Multilevel small disc bulging... No definite neural compression is seen... There may be a component of small central protrusion at C5-6 and C5-7 levels, mildly indenting the thecal sac." Patient's current employment status is not provided. MTUS has the following regarding ESIs, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) 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." In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. MTUS states on p46, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." In this case, the treater is requesting what appears to be an initial cervical ESI targeted at C6/C7 level on the left side. MRI dated 03/26/13 does not indicate any clinically significant stenosis of the cervical spine, and progress report dated 12/17/14 does not include any unequivocal findings indicating cervical radiculopathy; only subjective reports of neck/shoulder pain and tenderness of those areas. Additionally, MTUS guidelines state that there is insufficient evidence of the efficacy of cervical ESI to treat cervical radicular pain. Therefore, the request IS NOT medically necessary.