

Case Number:	CM15-0113850		
Date Assigned:	06/22/2015	Date of Injury:	04/08/2002
Decision Date:	07/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

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:

The injured worker is a 59 year old male, who sustained an industrial injury on 4/8/02. He reported initial complaints of shoulder/arm pain. The injured worker was diagnosed as having cervical disc degeneration; cervical central canal stenosis; cervical radiculopathy; cervical spondylosis. Treatment to date has included left shoulder injection; status post left shoulder arthroscopy/debridement/bursectomy biceps tendon repair (8/2/12); physical therapy; acupuncture; status post cervical interlaminar epidural steroid injection at C7-T1 (9/30/14). Diagnostics included EMG/NCV study upper extremities (5/15/13); MRI cervical spine (12/9/13). Currently, the PR-2 notes dated 1/23/15 indicated the injured worker returns for a follow-up with complaints of pain mainly about the left sided trapezius/rhomboids. He denies radiation of pain down the left upper extremities. He has had a cervical epidural steroid injection in October 2014 which has improved his pain for greater than 6 weeks. The current medication is described by the provider as: Januvia 100mg; PrandiMet1/500mg; TriCor 145mg; Welchol 625mg; Atenolol 100mg; Diclofenac sodium 75mg; gabapentin 300mg; Lisinopril 40mg and Nortriptyline 10mg. On physical examination the provider only notes the neck: trapezius, rhomboids; range of motion good in all planes and negative Spurling's. Neuro exam bilateral upper extremities stable. A MRI of the cervical spine dated 12/9/2013 reports impression for presence of cervical stenosis from C3 down to C7 with moderate stenosis at C5-6. There is a posterior disc osteophyte eccentric to the left causing severe left neuroforaminal narrowing with uncovertebral spondylosis. The provider is requesting authorization of 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 injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2002 and continues to be treated for radiating neck pain. A cervical epidural injection was performed on 09/30/14. He was seen on 03/04/15. The claimant indicated that the injection provided 20% pain relief lasting for approximately one month. Guidelines recommend that, in the therapeutic phase, repeat injections 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. In this case, the injection performed in September 2014 only produces 20% pain relief lasting for approximately one month. A repeat epidural steroid injection is not medically necessary.