

Case Number:	CM15-0119367		
Date Assigned:	06/29/2015	Date of Injury:	03/20/2011
Decision Date:	07/29/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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:

The injured worker is a 48 year old female who sustained an industrial injury on 03/20/11. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, 2 right shoulder surgeries, bilateral carpal tunnel release, right cubital tunnel release, 2 neck surgeries, and 5 cervical epidural steroid injections with one selective nerve root block. Diagnostic studies include multiple MRIs of the right shoulder and cervical spine, as well as a CT scan of the cervical spine and x-rays. Current complaints include continued pain in her right shoulder and neck, as well as depression. Current diagnoses include major depression and panic disorder. Medical report dated 02/27/15 the evaluating provider reports the plan of care as psychiatrist visits monthly for one year, and medications including Paxil, Cymbalta, Klonopin, and Lexapro as well as weekly visits with a psychologist for one year. The requested treatments include 2cervical epidural steroid injections at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection x2 anesthesia with x ray fluoroscopic guidance levels C7-T1x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a CESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Cervical epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Cervical epidural steroid injection x2 anesthesia with x ray fluoroscopic guidance levels C7-T1x2 is not medically necessary and appropriate.