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| Case Number: | CM15-0026224 | | |
| Date Assigned: | 02/18/2015 | Date of Injury: | 12/07/2012 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 01/12/2015 |
| Priority: | Standard | Application Received: | 02/11/2015 |

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, Hawaii
 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 34 year old male who sustained an industrial injury on 12/7/12. The injured worker reported symptoms in the back, neck and bilateral shoulders. The diagnoses included cervicalgia, rotator cuff (capsule) sprain and bicipital tenosynovitis. Treatments to date include oral pain medications, topical patches, transcutaneous electrical nerve stimulation units, and acupuncture treatments. In a progress note dated 12/30/14 the treating provider reports the injured worker was with "mild tenderness to palpation over the bilateral cervical paraspinal muscles...mild tenderness to palpation over the anterior aspect of the left shoulder." On 1/12/15 Utilization Review non-certified the request for Cervical Epidural Steroid Injection at C5-6 & C6-7. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C5-6 & C6-7: Overturned

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

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

Decision rationale: The patient presents with pain affecting the back, neck and bilateral shoulder. The current request is for Cervical Epidural Steroid Injection at C5-6 & C6-7. The treating physician report dated 12/30/14 (18) states, "I am requesting CSEI of C5-6 C6-7 for worsening symptoms of pain." MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. A treating physicians report dated 11/11/14 (23B) states, "Currently, the patient complains of pain in the head, neck, upper back, mid back and shoulder with radiation to the left arm." An MRI of the cervical spine was obtained on 7/24/13 which showed tiny posterior bulging discs and annular tears at C5-6 and C6-7. Medical reports provided, do not show that the patient has received a prior CSEI at the C5-6 and C6-7 levels. In this case, the patient presents with shoulder pain that radiates into the left arm and documents provided show that no previous CSEI's has been performed. Furthermore, an MRI of the cervical spine shows bulging discs and annular tears at the C5-6 and C6-7 levels. The current request satisfies the MTUS guidelines as outlined on page 46. Recommendation is for authorization.