

Case Number:	CM15-0064529		
Date Assigned:	04/10/2015	Date of Injury:	09/23/2010
Decision Date:	05/11/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 63-year-old male, who sustained an industrial/work injury on 9/23/10. He reported initial complaints of neck pain. The injured worker was diagnosed as having cervical radiculopathy, left shoulder impingement syndrome, and s/p lumbar decompression and fusion. Treatment to date has included medications, work restrictions, rest, home exercise program, chiropractic therapy, physical therapy, lumbar epidural steroid injection, and lumbar surgery (decompression and fusion). MRI results were reported on 8/22/11. X-Rays results were reported on 6/20/13. Currently, the injured worker complains of neck pain that radiated to the shoulders. Per the orthopedic physician's report of 3/11/15, the injured worker had paraspinal tenderness, full strength, normal lordosis, left shoulder positive Neer's sign, and left C7 sensory deficit. Current plan of care included continued physical therapy and injection. The requested treatments include one cervical epidural steroid injection at C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) cervical epidural steroid injection at C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Section, ESI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cervical epidural steroid injection at C6-C7 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are cervical radiculopathy; left shoulder impingement syndrome; and status post lumbar decompression and fusion. An MRI of the cervical spine shows no significant disc herniation, spinal canal stenosis; neural foraminal narrowing at C7 - T-1. At C4 - C5, there was focal central disc protrusion effacing the thecal sac. At C5 - C6, there was focal central disc protrusion effacing the thecal sac. At C6 - C7, there was focal central disc protrusion effacing the thecal sac. There were no disk herniations noted on the official report. There is no documentation of physical therapy to the cervical spine documented in the medical record. Subjectively, in a progress note dated March 11, 2015, the injured worker complains of persistent neck pain that radiates to the shoulders. Objectively, there is tenderness palpation over the paraspinal muscle groups. Range of motion is normal. There is no tenderness palpation over the spinous processes. Neurologically, there is diminished sensation over the left C7 dermatome. There are no additional neurologic findings. There are no objective signs of radiculopathy in the record. There are no electro-diagnostic studies in the medical record. The MRI does not contain objective findings to corroborate the presence of radiculopathy. Consequently, absent clinical documentation with objective evidence of radiculopathy and corroborating MRI and/or electrodiagnostic studies, cervical epidural steroid injection at C6-C7 is not medically necessary.