

Case Number:	CM15-0074003		
Date Assigned:	04/24/2015	Date of Injury:	06/07/2011
Decision Date:	05/26/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/17/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on June 7, 2011. She reported that during the course of her employment, she sustained injuries to her neck, upper back, mid back, shoulders, right arm, and right elbow. The injured worker was diagnosed as having cervicalgia, displacement of cervical intervertebral disc without myelopathy, disorders of bursae and tendons in the shoulder region, left rotator cuff impingement, right carpal tunnel syndrome, and medical epicondylitis. Treatment to date has included MRIs, epidural steroid injections (ESIs), trigger point injections, physical therapy, acupuncture, chiropractic treatments, and medication. Currently, the injured worker complains of pain in the neck, upper back, left shoulder and right elbow. The Treating Physician's report dated March 17, 2015, noted the injured worker reported her symptoms were unchanged since the injury, with the pain relieved by medications, rest, physical therapy, and steroid injections. The injured worker reported intermittent heartburn and nausea as a result of taking non-steroid anti-inflammatory drugs (NSAIDs), partially relieved by Prilosec. Physical examination was noted to show tenderness to palpation over the left cervical paraspinal muscles and superior trapezius. Examination of the left shoulder revealed tenderness to palpation over the anterior and lateral aspects of the shoulder with limited range of motion (ROM) in flexion and abduction, and positive Hawkin's and Yergason's tests. The right elbow examination was noted to show tenderness to palpation over the medial condyle, pronator teres, and flexor carpi radialis, with positive Tinel's' sign over the medial epicondyle on the right. The treatment plan was noted to include a request for authorization for a cervical epidural steroid injection (ESI) at the C6-C7 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 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 epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs).

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)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. This employee has received ESI's in the past. There is no medical documentation of continued objective documented pain, and functional improvement including at least 50% relief from use of medication for 6-8 weeks. Therefore, the request is not medically necessary.