

Case Number:	CM15-0077529		
Date Assigned:	04/28/2015	Date of Injury:	05/15/2013
Decision Date:	05/28/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/22/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old male sustained an industrial injury to the left shoulder on 1/18/12. Previous treatment included magnetic resonance imaging, left shoulder arthroscopy with Mumford procedure (7/17/14), physical therapy, home exercise, heat and cold wrap and medications. In a progress note dated 3/3/15, the injured worker had completed 24 postoperative physical therapy sessions. The injured worker had access to a small transcutaneous electrical nerve stimulator unit and hot and cold wrap. Current diagnoses included impingement syndrome of the shoulder status post decompression, modified Mumford procedure, labral repair and biceps tendon release. The treatment plan included a larger transcutaneous electrical nerve stimulator unit, urine screen and medications (Flexeril, Protonix, Motrin, Tramadol ER, Norco and Nalfon).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection, C5-6, per 03/13/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support series-of-three injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there were complaints of neck pain with radiation to trapezius muscle and forearm (not specified as to which side effected). MRI showed mild stenosis at C5-6 and C6-7. Although an impingement at C5-6 might present as forearm sensations, typically this will also include finger symptoms, and exclusively finger symptoms if C6-7 was causing radiculopathy. Physical findings were completely normal regarding the neck and sensations/reflexes/strength in the arms to suggest any significant connection with the MRI findings, which were again mild. Therefore, there was minimal and insufficient evidence to support the epidural for the C5-C6 injection, and it will be considered medically unnecessary.

Cervical epidural steroid injection, C6-7, per 03/13/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle

relaxants), 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support series-of-three injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there were complaints of neck pain with radiation to trapezius muscle and forearm (not specified as to which side effected). MRI showed mild stenosis at C5-6 and C6-7. Finger symptoms would be present if impingement at C6-7 was causing radiculopathy. Physical findings were completely normal regarding the neck and also there was normal sensations/reflexes/strength in the arms to which suggested any significant connection with the MRI findings, which were again mild. Therefore, there was insufficient evidence to support the epidural for the CC6-7 injection, and it will be considered medically unnecessary.