

Case Number:	CM15-0093057		
Date Assigned:	05/19/2015	Date of Injury:	01/09/2013
Decision Date:	07/01/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/14/2015

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:

This 57 year old man sustained an industrial injury on 1/9/2013 after falling off of a scale. Evaluations include an undated cervical spine CT scan, cervical spine MRI and electromyogram dated 2/4/2014. Diagnoses include right shoulder pain, lumbar spine degenerative joint disease, and degenerative disc disease. Treatment has included oral medications, physical therapy, cervical spine epidural steroid injection, and surgical intervention. Physician notes dated 2/27/2015 show complaints of right shoulder pain. Recommendations include further evaluation and treatment with spine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cervical epidural steroid injection is not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. While not recommended, cervical ESI may be supported with the following criteria. 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 status post rotator cuff tear with clavicle excision; diabetes mellitus borderline; cataract surgery; and lumbosacral DJDD. The documentation from a March 27, 2015 progress note (summary of progress notes) shows there were multiple requests for cervical epidural steroid injection with denials. The documentation does not contain objective evidence of radiculopathy on neurological/physical examination. The level(s) to be injected are not specified. The levels are not specified and MRI corroboration of radicular pain is not possible. Consequently, absent objective clinical documentation of radicular pain and specific levels to be injected, cervical epidural steroid injection is not medically necessary.