

Case Number:	CM15-0098320		
Date Assigned:	05/29/2015	Date of Injury:	09/15/2013
Decision Date:	07/01/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/21/2015

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

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 23 year old female who reported an industrial injury on 9/15/2013. Her diagnoses, and/or impressions include: right shoulder rotator cuff tear, status-post repair surgery; left cervical para-central disc protrusion; and chronic myofascial pain syndrome. Recent electrodiagnostic studies were stated to have been done on 10/30/2014; Neck MRI (12/4/2014) showed small left paracentral disc protrusion at C3-4 but no nerve root impingement. Her treatments have included diagnostic studies; cervical trans-laminar epidural steroid injection (2/11/2015 with 60-70% pain relief for a few weeks only before pain began returning); medication management; and rest from work. The progress notes of 5/12/2015 reported 5-7/10 constant neck pain, shooting into right upper extremity and occasionally shooting into the left upper extremity, and associated with numbness, tingling and paresthesia. The objective findings were noted to include restricted range-of-motion of the cervical spine and right shoulder; diminished sensation to light touch in the right upper arm; para-vertebral muscle spasms; and local tenderness of the para-vertebral muscles and lower cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar cervical epidural steroid injection: 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181-2, Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks; Epidural steroid injections (ESIs) Page(s): 39-40, 46. Decision based on Non-MTUS Citation American Society of Interventional Pain Physician: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations.

Decision rationale: Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation, that is, pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. The ACOEM guidelines point out its use has uncertain benefits in neck pathology other than as a non-surgical treatment for nerve root compromise to clarify nerve root dysfunction prior to surgery. As per the MTUS the effects of epidural steroid injections usually will offer the patient only short term relief of symptoms as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. If these other treatment modalities have already been tried and failed, use of epidural steroid injection treatment becomes questionable, unless surgery on the neck is being considered which in this case there is no documentation that that is so. The MTUS also provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination, corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. It also notes that for therapeutic use of this procedure, use of repeat blocks should be based on continued objective documented pain and documentation that the prior block gave at least 50% pain relief with associated reduction in pain medication use for 6-8 weeks. The patient's records document only 2 weeks of pain relief and doesn't mention whether or not there was less use of pain medication during this time period. Additionally, the imaging studies do not describe nerve root impingement. At this point in the care of this patient the request is not medically necessary.