

Case Number:	CM14-0018243		
Date Assigned:	04/21/2014	Date of Injury:	10/14/2012
Decision Date:	07/02/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/13/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59 year old male who was injured on 10/14/2012. He was diagnosed with neck pain and bilateral carpal tunnel syndrome. On 9/9/2013, [REDACTED] did a complete orthopedic examination of the patient. He documented subjective complaints of neck pain radiating to the left shoulder and left upper extremity. The examination showed a negative Spurling's test, negative muscle spasm, normal sensation and 5/5 motor test of bilateral upper extremities. The DTR was normal. A 3/2/2013 MRI of the cervical spine showed C5-C6, C6-C7 disc bulges, mild central canal stenosis and neural foramina stenosis. There are associated diagnoses of depression and anxiety. The patient completed physical therapy and TENS unit treatment without significant benefit. The current medications are diclofenac, and tramadol for pain and omeprazole for the prevention and treatment of NSAID induced gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (LEVEL NOT SPECIFIED): 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 Page(s): 46.

Decision rationale: The CA MTUS addressed the the use of interventional pain procedures for the treatment of chronic neck pain. The guidelines recommend that cervical epidural steroid injection could be utilized in the treatment of cervical radicular pain that is non-responsive to conservative management. There is no subjective or objective findings to support a diagnosis or cervical radiculopathic pain. There is negative Spurling's test, with normal motor, sensory and DTR. It is unclear is the patient have had effective treatment of the co-existing anxiety and depression. Treatment with antidepressant medications can lead to synergistic pain relief effect. The criteria for cervical epidural steroid injection for the treatment of neck pain was not met.