

Case Number:	CM14-0185934		
Date Assigned:	11/13/2014	Date of Injury:	01/23/2013
Decision Date:	12/31/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 injured worker is a 59 year old male with an injury date of 01/23/13. Based on the 09/22/14 progress report, the injured worker complains of pain in his neck, right shoulder, low back, and both his knees. The neck pain radiates to his arms, right greater than left, and to his wrists with numbness/tingling. His shoulder pain radiates to his neck. The injured worker reports he has numbness in his arms bilaterally and decreased grip strength due to the radiating pain. In regards to his cervical spine, the injured worker has tenderness to palpation extending to the bilateral trapezius. There is myospasm about the paraspinal musculature and he has limited range of motion. In addition, the injured worker has decreased sensation at the right C7. The right shoulder has palpable tenderness about the right AC joint with trapezius myospasm. He has limited range of motion for his right shoulder. The injured worker has a positive impingement sign and a positive Hawkin's test. The injured worker has constant radiating pain from his low back to his legs to the heels of his feet. In regards to the lumbar spine, there is tenderness about the paralumbar musculature. The injured worker also has muscles spasms and a limited range of motion. The injured worker has diffused anterior tenderness and limited range of motion in the bilateral knees. The 10/02/14 report lists the injured worker's diagnoses as the following: 1. Rotator cuff tendinitis and impingement 2. Cumulative trauma to the cervical spine with possible underlying radiculopathy 3. Lumbar sprain/strain with possible discopathy 4. Bilateral knee sprain/strain The 09/09/14 MRI of the cervical spine revealed the following: 1. Multilevel disc dessication with 2-3 mm annular bulge and mild biforaminal stenosis 2. Normal cord The utilization review determination being challenged is dated 10/08/14. Treatment reports were provided from 04/24/14, 09/22/14, and 10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical (Neck) Epidural Steroid Injection x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Cervical and Thoracic Spine Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46-47.

Decision rationale: According to the 09/22/14 report, the injured worker presents with pain in his neck, right shoulder, low back, and both his knees. The request is for Cervical (Neck) Epidural Steroid Injection X 1 (no specific level provided). It does not appear as though the injured worker has previously had an epidural steroid injection. Regarding Cervical Spine Epidural steroid injections (ESI), MTUS pages 46, 47 states "Criteria for the use of Epidural steroid injections: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, while the injured worker has some radicular symptoms, MRI's are normal with bulging discs only. There is no diagnosis of radiculopathy with a normal MRI. Furthermore, MTUS states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The request for a Cervical (Neck) Epidural Steroid Injection x 1 is not medically necessary.