

Case Number:	CM14-0026997		
Date Assigned:	06/13/2014	Date of Injury:	06/05/2011
Decision Date:	07/23/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	03/03/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 43 year old female who sustained cumulative injuries to her neck on 06/05/11 while performing her usual and customary duties as a room attendant. The injured worker reported increased neck and bilateral shoulder pain as a result of repetitious pushing, pulling, lifting, reaching and heavy lifting. The magnetic resonance imaging of the cervical spine dated 10/28/11 was unremarkable; treatment to date has included medications, acupuncture therapy, and chiropractic manipulation treatment. The injured worker continued to complain of continued neck pain at 7-8/10 visual analog scale. Physical examination of the cervical spine noted negative Spurling's; negative tenderness over the paracervical musculature and no spasms in the paracervical musculature; motor strength 5/5 in all muscle groups of the bilateral upper extremities; normal cervical range of motion; deep tendon reflexes 2+ and symmetrical. The records indicate that the injured worker is status post left shoulder arthroscopy with subacromial decompression, debridement, bursectomy, and acromioclavicular (AC) joint AC resection dated 03/20/13.

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 Chronic Pain Treatment Guidelines Epidural Steroid Injections, Cervical Spine.

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

Decision rationale: The request for a cervical epidural steroid injection is not medically necessary. The level/laterality was not specified in the request. The previous request was denied on the basis that there were no physical examination findings for cervical radiculopathy and the magnetic resonance imaging of the cervical spine was unremarkable. The California Medical Treatment Utilization Schedule states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given the absence of physical examination findings indicative of an active radiculopathy at any level in the cervical spine, the request for a cervical epidural steroid injection is not indicated as medically necessary.