

Case Number:	CM14-0060723		
Date Assigned:	07/09/2014	Date of Injury:	09/03/2013
Decision Date:	09/08/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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 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 patient is a 33-year-old male who has submitted a claim for muscle spasm, cervical pain, left shoulder pain, and left occipital neuralgia; associated with an industrial injury date of 09/03/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck pain and left shoulder pain, graded 2/10. Physical examination showed tenderness at the paracervical muscles, rhomboids, and trapezius. A trigger point was noted in the left side. Range of motion was limited by pain. Motor testing was normal. Sensation was intact. MRI of the cervical spine, dated 01/24/2014, showed C3-C4 left sided uncovertebral spurring and osteophytic ridging in mild to moderate central canal and left foraminal stenosis, and straightening of normal cervical lordosis. The official report of the imaging study was not provided for review. Treatment to date has included medications, activity modification, physical therapy, and shoulder injection. Utilization review, dated 04/23/2014, denied the request for cervical epidural steroid injection because the physical examination was not consistent with C7-T1 radiculopathy and MRI findings at this level were normal.

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 C7-T1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. In this case, the patient complains of neck and left shoulder pain despite medications and physical therapy. However, physical examination failed to show evidence of radiculopathy. Moreover, MRI of the lumbar spine, dated 01/24/2014, failed to show evidence of significant foraminal narrowing or frank nerve root compromise. The criteria for ESI have not been met. Therefore, the request for Cervical Epidural Steroid Injection (Level C7-T1) is not medically necessary.