

Case Number:	CM14-0172177		
Date Assigned:	10/23/2014	Date of Injury:	01/16/2003
Decision Date:	03/06/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/17/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old female sustained a work related injury on 01/16/2003. According to a progress report dated 09/24/2014, the injured worker was being seen for neck pain. Pain level remained unchanged from a prior visit. Pain was rated a 0 on a scale of 1-10 with the use of medications. Physical examination of the cervical spine revealed a surgical scar. Range of motion was restricted with flexion limited to 15 degrees, extension limited to 15 degrees, right lateral bending limited to 15 degrees, left lateral bending limited to 15 degrees and limited by pain. On examination of paravertebral muscles, tight muscle band was noted on both sides. Tenderness was noted at the rhomboids and trapezius. Spurling's maneuver caused pain in the muscles of the neck but no radicular symptoms. Trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscles on right and left trapezius muscle right and left. Sensory examination revealed light touch sensation was decreased over lateral forearm on the right side. Bicep reflex was 2/4 on the right side and 1/4 on the left side. Brachioradial reflex was 1/4 on both sides. Examination of the right shoulder revealed restricted movement with flexion limited to 120 degrees limited by pain. Hawkin's test and Neer test was positive. Bell press, Lift off tests and Jobe's test were negative indicating normal rotator cuff function. Diagnoses included Mood Disorder, Post Cervical Lam. Syndrome, Disc Disorder Cervical and Cervical Pain. According to the provider the injured worker was there to discuss her MRI findings. An MRI report was not submitted for review. She continued to have pain in her neck and arms. If epidural was not helpful, the injured worker was going to be referred to a surgeon. On 10/10/2014, Utilization Review non-certified Cervical Epidural Injection C7-T1. According to

the Utilization Review physician, the case did not meet the requisite criteria for radiculopathy for an epidural steroid injection. Radiculopathy must be documented. Objective findings on examination need to be present. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines Epidural Steroid Injections. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections; Criteria for the use of epidural ster.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the symptoms predominantly stemmed from the shoulders. The MRI of the cervical spine is not available to determine the amount of disc disease. Based on the clinical findings and the lack of supporting evidence to demonstrate that an ESI of the cervical spine provides lasting benefit, the request for cervical epidural steroid injections is not medically necessary.