

Case Number:	CM14-0183476		
Date Assigned:	11/10/2014	Date of Injury:	01/26/2012
Decision Date:	08/07/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/04/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male, who sustained an industrial injury on 01/26/2012. He has reported injury to the neck, left shoulder, and low back. The diagnoses have included neck pain; cervical disc herniation at C5-C6; low back pain; lumbar disc herniation at L4-L5 and L5-S1; upper back pain; left shoulder pain; status post left shoulder arthroscopy, acromioplasty, and debridement of glenohumeral osteoarthritis, on 04/30/2013; and left carpal tunnel syndrome. Treatment to date has included medications, diagnostics, ice, cognitive therapy, home exercise regimen, surgical intervention, and physical therapy. Medications have included Norco, Flexeril, Naproxen, Trazodone, Effexor XR, Biofreeze gel, and Prilosec. A progress note from the treating physician, dated 09/23/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck, left shoulder, mid and low back pain; he has had a cortisone injection in the left shoulder; he continues to experience significant pain relief with the Norco; at 6 tablets a day, the pain would go from 8-9/10 down to a 2/10 in intensity; he is able to perform his activities of daily living; he has muscle spasms across the neck and lower back; and these are relieved with the Flexeril. Objective findings included decreased lumbar extension and flexion; and he has limited left shoulder abduction. The treatment plan has included the request for 1 trial of cervical epidural steroid injection as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trial of Cervical Epidural Steroid Injection as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in January 2012 and continued to be treated for left shoulder, neck, mid back, and low back pain. An MRI of the cervical spine in March 2012 included findings of AC 5-6 disc herniation and multilevel spondylosis with mild canal and foraminal narrowing. When seen by the requesting provider he had neck pain rated at 9/10. Medications had been helpful. Physical examination findings were unchanged as prior examination documenting the claimant as morbidly obese with decreased and painful lumbar spine range of motion with good lower extremity strength. When requested, there was decreased lumbar and left shoulder range of motion. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no documented physical examination findings that support a diagnosis of cervical radiculopathy. The requested cervical epidural steroid injection is not medically necessary.