

Case Number:	CM14-0186394		
Date Assigned:	11/14/2014	Date of Injury:	07/26/2008
Decision Date:	01/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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 30 year old female who was injured on 7/26/2008. The diagnoses are cervicalgia, cervical sprain, bilateral shoulders and neck pain. The past surgery history is significant for right shoulder surgeries in 2009 and 2011. The 2014 MRI of the cervical spine showed multilevel disc bulges with mild canal stenosis. The 2013 EMG/NCV showed left carpal tunnel syndrome but no cervical radiculopathy. The patient completed PT, massage therapy and medication managements. On 10/3/2014, Dr. [REDACTED] noted subjective complaint of neck and upper back pain radiating to bilateral upper extremities. The pain score was rated at 3/10 with medications and 9/10 without medications on a scale of 0 to 10. There were objective findings of limited range of motion of cervical spine, muscle spasm, tenderness to palpation and positive Spurlings's test. There was decreased sensation along the left upper extremity dermatomes. The record indicated that the patient reported her medications as effective. She complained of intermittent constipation. The patient had continued to work and functions without limitation. The medications are Celebrex, Tramadol and Neurontin for pain, Colace for constipation and Skelaxin for muscle spasm. A Utilization Review determination was rendered on 11/4/2014 recommending non certification for cervical epidural steroid injection at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injections at C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Neck and Upper Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that cervical epidural steroid injection can be utilized for the treatment of cervical radiculopathy when conservative treatments with medications management and physical treatment have failed. The records indicate that the patient had subjective complaints suggestive of cervical radiculopathy. The objective, radiological and EMG/NCV findings did not support a diagnosis of cervical radiculopathy. The patient reported satisfactory pain relief and functional restoration with utilization of the prescribed pain medications. The records did not indicate that the patient had failed conservative management with medications. The criterion for cervical epidural steroid injection at C7-T1 was not met; therefore the request is not medically necessary.