

Case Number:	CM14-0187119		
Date Assigned:	11/17/2014	Date of Injury:	08/26/2013
Decision Date:	01/07/2015	UR Denial Date:	10/23/2014
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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 45-year-old man who sustained a work-related injury on August 26, 2013. Subsequently, the patient developed chronic neck pain. MRI of the cervical spine dated November 1, 2013 was reported to be normal. Treatment has included anti-inflammatory medications, analgesic medications, chiropractic care, acupuncture, and physical therapy. According to the pain management progress report dated October 9, 2014, the patient complained of a constant neck pain. It was present bilaterally. The pain was more intense on the left compared to the right. It was described as sharp, burning, tightness sensation. The intensity of the pain ranged from 1-5/10. The mid-back pain was constantly present and worsened with prolonged standing. Examination of the cervical spine revealed moderate tenderness to palpation along the C7-T1 spinous process and T6 spinous process as well. Moderate to severe tenderness to palpation along the right rhomboid muscle. Positive trigger point with jump sign noted on the right rhomboid and trapezius muscles. Spasm palpated on the bilateral trapezius muscles left greater than right, the right levator scapulae muscles. Spasm palpated on the right rhomboid muscle, swollen left supraspinatus muscle. Severe pain elicited with palpation of bilateral C2-3, and C3-4 facet joints. The cervical spine range of motion was limited by pain, spasm, and guarding. Upper extremities strength was 5/5 in all major muscle groups. Spurling's maneuver was within normal limits bilaterally. The patient was diagnosed with mechanical neck pain, mid-back pain, cervical spondylosis, cervical facet joint arthropathy, whiplash syndrome, and myofascial pain syndrome. The provider requested authorization for cervical ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine (epidural steroid injection) ESI, (Levels Unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI (epidural steroid injections) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 309.

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, the patient does not have clinical evidence of radiculopathy. Therefore, the request for cervical epidural steroid injection is not medically necessary.