

Case Number:	CM14-0191115		
Date Assigned:	11/24/2014	Date of Injury:	10/16/2012
Decision Date:	10/13/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/17/2014

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:

The injured worker was a 58 year old male, who sustained an industrial injury, October 12, 2012. The injury was sustained when the injured worker was in the attic assessing different items, when the injured worker fell through the ceiling and landed with the upper through the ceiling across a 2 by 12 that hit the lower back. According to progress note of October 13, 2014, the injured worker's chief complaint was pain in the neck that went into the skull and numbness going into both arms down to the fingers. The pain was worse after exercise, sitting, sex, fatigue or any kind of nodding during conversation. The injured worker reported lying down relieved the pain. The injured worker rated the pain at 5 out of 10. The pain was described as sharp and dull depending on what the injured worker was doing. The physical exam of the cervical spine noted pain with palpation of the paraspinal muscles, left greater than the right. There was pain with the right lateral rotation. The Spurling's test was positive on the right. The injured worker was undergoing treatment for status post rotator cuff repair of the right shoulder, cervical degenerative disc disease and cervical radiculopathy. The injured worker previously received the following treatments right shoulder surgery, physical therapy, cervical spine MRI, Methadone, Cymbalta, Xanax, Ambien, Norco, Allopurinol and Duexis. The UR (utilization review board) denied certification on October 23, 2014; for the cervical epidural steroid injection under fluoroscopy at C3-C5. The criteria for a cervical epidural steroid injection under fluoroscopy at C3-C5 was radiculopathy, given the lack of a specific radiculopathy, the CESI did not appear to be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection under Fluoroscopic Guidance at Level C4-C5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: In this case, the claimant's prior MRI did not indicate cord impingement. There was a Spurling's sign on exam but no neurological abnormalities such as sensory, strength or reflex deviations. The ESI is not recommended by ACOEM due to short-term benefit. The request for the ESI is not justified and is not medically necessary.