

Case Number:	CM14-0194737		
Date Assigned:	12/02/2014	Date of Injury:	06/26/2012
Decision Date:	04/23/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/20/2014

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 40-year-old female, who sustained an industrial injury on 6/26/2012. She reported hearing a pop in the left shoulder followed immediately by pain while pulling a cart. Diagnoses have included cervical sprain/strain, herniated cervical disc; status post left shoulder arthroscopic surgery and mild left carpal tunnel syndrome. Treatment to date has included cortisone injections, physical therapy, acupuncture and medication. According to the Primary Treating Physician's Progress Report dated 9/30/2014, the injured worker was status post the first cervical epidural steroid injection (ESI) from 9/8/2014 with positive relief. She reported that the pain intensity decreased for almost three weeks with approximately 50% improvement. She complained that left shoulder pain continued to get progressively worse. Exam of the left shoulder revealed positive impingement test. Exam of the cervical spine revealed positive foraminal compression test. The treatment plan was to schedule cervical spine epidural steroid injection (ESI) number two.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at bilateral C3-C4, C4-C5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for neck and left shoulder pain. When seen by the requesting provider, there were no reported abnormal neurological findings. The claimant was having neck and shoulder pain without reported radiating symptoms. EMG/NCV testing in September 2014 was positive for findings consistent with carpal tunnel syndrome without findings of cervical radiculopathy. An MRI of the cervical spine in February 2014 was negative for neural compromise. Criteria for consideration of a cervical epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, none of these is met. In terms of a repeat epidural cervical injection, in the therapeutic phase, a repeat injection should only be offered if there is at least 50% pain relief for six to eight weeks. In this case, the claimant had decreased pain lasting only for three weeks after a previous epidural steroid injection. Therefore, the requested repeat cervical epidural steroid injection was not medically necessary.