

Case Number:	CM14-0198360		
Date Assigned:	12/08/2014	Date of Injury:	11/15/2010
Decision Date:	01/21/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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 56-year-old man who sustained a work-related injury on November 15, 2010. Subsequently, the patient developed a chronic neck pain. The patient had an EMG performed on the month of May 2 2011 demonstrated mild right ulnar neuropathy. The patient MRI performed with on 2011 demonstrated synovitis of the left wrist. Another EMG was performed on September 8, 2014 and demonstrated bilateral carpal tunnel syndrome. According to a progress report dated on March 5, 2014, the patient was complaining of rotator cuff tear. The patient's physical examination demonstrated shoulder tenderness with reduced range of motion. The provider requested authorization for epidural injection at C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Epidural Injection at C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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, there is no documentation of functional and pain improvement with previous epidural steroid injection. There is no documentation of radiculopathy at the levels of requested injections. MTUS guidelines do not recommend repeat epidural injections for neck pain without documentation of previous efficacy. Therefore, the request for Interlaminar Epidural Injection at C5-6 is not medically necessary.