

Case Number:	CM14-0202315		
Date Assigned:	12/12/2014	Date of Injury:	08/08/2014
Decision Date:	01/30/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/03/2014

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:

This 64 year old male reportedly sustained a work related injury on August 14, 2014 due to a fall off a ladder. Magnetic resonance imaging (MRI) of left shoulder October 13, 2014 impression is for bursal tear with slip of tendon noted and possible impingement. Diagnoses include cervical spine and left shoulder strain/sprain, cervical radiculopathy and diabetes. Treatments include corticosteroid injection of left shoulder and oral medication. Orthopedic physician visit dated August 29, 2014 notes a normal gait with tenderness on palpation of spine and left shoulder. Physical therapy evaluation dated October 7, 2014 provides the injured worker complains of neck and shoulder pain with numbness in the right hand. Pain is rated 6/10. Physical exam documents impingement of left shoulder. Plan was for therapy 2 X 4 and home exercise. He is listed as total temporary disability (TTD). On November 24, 2014 utilization review determined a request received November 21, 2014 for cervical epidural steroid injection non-certified. Medical Treatment Utilization Schedule (MTUS) guidelines were used in the determination. Application for independent medical review (IMR) is dated December 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

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, there is no clinical and objective documentation of radiculopathy. The MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. The requests for cervical epidural steroid injections are not medically necessary.