

Case Number:	CM15-0001896		
Date Assigned:	01/12/2015	Date of Injury:	10/09/2008
Decision Date:	03/06/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 68 year old female who was injured at work on 10/09/2008. The progress report indicates she complains of neck and right shoulder pain. The neck pain radiates to the left upper extremity. The pain affects her sleep. The physical examination was unremarkable . She has had several electrodiagnostic studies most of which showed C5-6 radiculopathies but one was negative for cervical radiculopathy, but positive for mild ulnar neuropathy at the elbow, and mild median neuropathy at the wrist. EMG of 08/03/2014 revealed C5 and C6 radiculopathy .The Cervical MRI of 08/2010 revealed multilevel disc bulges and stenosis. The worker has been diagnosed of suspected cervicogenic headache, myofascial pain in the neck and upper back, right shoulder full thickness tear of the suprapinatus tendon per MRI, Cervical spndylosis with suspected cervical radiculopathy. Treatments have included chiropractic care, trigger point injection, Ultracet, Gabapentin, Zofran, Norflex ER, Venlafaxine.

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 Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-181, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The injured worker sustained a work related injury on 10/09/2008. The medical records provided indicate the diagnosis of suspected cervicogenic headache, myofascial pain in the neck and upper back, right shoulder full thickness tear of the suprapinatus tendon per MRI, Cervical spndylosis with suspected cervical radiculopathy. Treatments have included chiropractic care, trigger point injection, Ultracet, Gabapentin, Zofran, Norflex ER, Venlafaxine, The medical records provided for review do not indicate a medical necessity for Cervical epidural steroid injection. The MTUS regards cervical epidural steroid injection as an option to avoid surger, but states that it is of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures fo nerve root compromise. The Chronic pain guidelines recommend a collaborative evidence of radiculopathy in physical examination and Imaging/ or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).