

Case Number:	CM15-0135710		
Date Assigned:	07/23/2015	Date of Injury:	06/05/2008
Decision Date:	08/20/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/14/2015

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: 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:

This 52 year old man sustained an industrial injury on 6/5/2008. The mechanism of injury is not detailed. Evaluations include cervical spine MR dated 9/9/2014 and right shoulder MR arthrogram dated 9/19/2014. Diagnoses include cervical spine radiculopathy, thoracic spine sprain/strain, right shoulder labral tear, status post right shoulder surgery, and right elbow pain. Treatment has included oral medications. Physician notes on a PR-2 dated 5/5/2015 show complaints of constant neck pain with radiation to the right upper extremity with numbness and tingling, constant mid-back pain, and constant right elbow pain rated 7/10. Recommendations include repeat cervical epidural steroid injection, Norco, Naproxen, Omeprazole, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 epidural steroid injection for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

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

Decision rationale: The claimant sustained a work injury in June 2008 and is being treated for radiating neck pain and right shoulder and elbow pain. When seen, pain was rated at 5-6/10 with medications. There was decreased cervical spine range of motion with tenderness. Spurling's testing was negative. There was decreased right upper extremity sensation. Authorization was requested for a third cervical epidural injection. An MRI of the cervical spine in September 2014 was negative for neural compromise. Case notes reference negative electrodiagnostic testing. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, when seen by the requesting provider, the claimant's response to any previous cervical epidural steroid injection is not documented. A series of injections in either the diagnostic or therapeutic phase is not recommended. There are no imaging or electrodiagnostic findings that support a diagnosis of cervical radiculopathy. The requested cervical epidural steroid injection was not medically necessary.