

Case Number:	CM15-0144385		
Date Assigned:	08/05/2015	Date of Injury:	06/24/1992
Decision Date:	09/03/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/24/2015

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:

The injured worker is a 47-year-old male with an industrial injury dated 06-24-1992. The injured worker's diagnoses include pain in the joint of the shoulder region and cervicalgia. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05-21-2015, the injured worker reported neck and bilateral shoulder pain. Objective findings for the cervical spine revealed scalene muscle tenderness, sternocleidomastoid tenderness and supraclavicular fossa tenderness to palpitation on the left, pain with active cervical range of motion, and decrease cervical sensation on the left. The treating physician prescribed services for cervical epidural steroid injection (ESI) under Fluoroscopic assistance C5-6, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI under Fluoroscopic Assistance C5-6: Overturned

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

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 has a remote history of a work-related injury in June 1992 and is being treated for radiating neck pain into the left upper extremity. A cervical epidural steroid injection in August 2012 provided more than 6-% pain relief lasting for more than two years. When seen, his symptoms had returned affecting daily activities and quality of life. Recent imaging included findings of left lateralized foraminal narrowing at C3-4 and C5-6. Physical examination findings included cervical tenderness with decreased range of motion. There was decreased left upper extremity strength and sensation. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injection is well within applicable guidelines and medically necessary.