

Case Number:	CM15-0146477		
Date Assigned:	08/07/2015	Date of Injury:	08/24/2013
Decision Date:	09/04/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/28/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 50 year old female sustained an industrial injury on 8-24-13. She subsequently reported shoulder and upper back pain. Diagnoses include degenerative disc disease and disc protrusion of the cervical spine. The injured worker continues to experience left shoulder and cervical spine pain. Upon examination, there is tenderness to palpation of the trapezius and paraspinal muscles. Range of motion of the cervical spine is restricted. Spasm was noted in the cervical paraspinal muscles. Strength was decreased in the left upper extremity. Decreased sensation on the left C7 and C8 dermatomes was noted. Tenderness was noted over the left shoulder acromioclavicular joint. A request for Cervical Epidural Steroid Injection C4-C5, C5-C6 and C6-C7 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C4-C5, C5-C6 and C6-C7: Upheld

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

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 are no imaging studies that corroborate the findings of radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. In addition, the guidelines state no more than 2 nerve root levels should be injected. Therefore, the request for Cervical Epidural Steroid Injection C4-C5, C5-C6 and C6-C7 is not medically necessary.