

Case Number:	CM15-0148482		
Date Assigned:	08/11/2015	Date of Injury:	05/05/2008
Decision Date:	09/08/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/30/2015

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 was a 59-year-old female, who sustained an industrial injury, May 5, 2008. The injured worker previously received the following treatments Tramadol, Flexeril, Naprosyn, Wellbutrin, Metformin and Aspirin. The injured worker was diagnosed with cervical strain, neck sprain, anterior longitudinal ligament, cervical and atlanto-axial joint, thoracic sprain, lumbar strain and pain in the limbs. According to progress note of April 22, 2015, the injured worker's chief complaint was having trouble sleeping and falling sleep secondary to right shoulder pain, especially in the levator area. The physical exam noted bony tenderness over the cervical midline. The muscle tone of the trapezius was increased. There was tenderness with palpation. There was decreased range of motion of the cervical spine, extension of 10 degrees, left rotation of 50 degrees and right rotation of 50 degrees. The injured worker expressed increased of pain in all planes of the paracervical range of motion. The treatment plan included a cervical epidural steroid injection.

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 injections (ESIs) 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 May 2008 and is being treated for neck pain. When seen, she had tweaked her neck about one week before, was having increasing stiffness and soreness, and was having bilateral upper extremity paresthesias. When seen, there was cervical spinous process and paraspinal muscle tenderness. There was decreased cervical spine range of motion. There was significant adipose tissue contributing to the loss of range of motion. There was a slow and stiff gait. Authorization for a cervical epidural steroid injection is being requested. Criteria for the use of an epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there were no reported physical examination findings such as a dermatomal or myotomal neurological deficit or abnormal reflex response. There are no reported imaging or electrodiagnostic test results that would support a diagnosis of cervical radiculopathy. When requested, there had been an exacerbation just one week before. The requested epidural steroid injection was not medically necessary.