MAXIMUS Federal Services

Case Number:	CM15-0165110		
Date Assigned:	09/02/2015	Date of Injury:	01/04/2008
Decision Date:	10/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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 65 year old female, who sustained an industrial injury on January 4, 2008. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having neck sprain and strain, other affections of shoulder region not elsewhere classified, other specified TMJ disorders, rotator cuff syndrome shoulder and allied disorders, sprain and strain unspecified site shoulder and upper arm, superior glenoid labrum lesions and thoracic sprain and strain. Treatment to date has included medication and diagnostic studies. Medication was noted to improve about 60% improvement in pain. On July 29, 2015, the injured worker complained of shoulder pain, mid-back pain, cervical pain and neck pain. The pain was rated an 8-9 on a 1-10 pain scale. The treatment plan included a trial of cervical epidural steroid injections, possible surgery and medication. A request was made for a cervical epidural steroid injection C7-T1 inerlaminar approach to address the C6-C7 central disc protrusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C7-T1 interlaminar approach to address the C6-C7 central disc protusion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection.

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 January 2008 and is being treated for shoulder and radiating neck and radiating low back pain. When seen, there were upper extremity radicular symptoms with pain and weakness. Physical examination findings included cervical muscle spasms with radiating symptoms to the shoulders and pain and increased symptoms with any cervical range of motion. There was cervical spine tenderness with trigger points with positive Spurling and foraminal compression testing. There was decreased is sensation bilaterally. An MRI of the cervical spine is referenced as showing multilevel disc bulging with a possible very small central disc protrusion at C6-7 without evidence of definite neural compression. Criteria for the use of an epidural steroid injection include radicular pain with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the requesting provider documents decreased upper extremity sensation and positive neural compression testing and the claimant is having radicular pain. However, the reported MRI does not corroborate a diagnosis of cervical radiculopathy and no electrodiagnostic test results are reported. The requested epidural steroid injection is therefore not considered medically necessary.