

Case Number:	CM15-0181514		
Date Assigned:	09/22/2015	Date of Injury:	11/30/2011
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/15/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain with derivative complaints of headaches reportedly associated with an industrial injury of November 30, 2011. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve a request for a cervical epidural steroid injection. An RFA form received on August 27, 2015 and an associated office visit of August 18, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On August 18, 2015, the applicant reported ongoing complaints of neck, mid back, and left shoulder pain. The attending provider referenced cervical MRI imaging of March 13, 2013 notable for multilevel degenerative changes, most prominent at the C5-C6 level. The attending provider contended that earlier physical therapy and acupuncture had provided only minimal relief. The applicant exhibited intact upper extremity motor function with limited cervical range of motion. The primary operating diagnosis was that of cervical degenerative disk disease. There is no seeming mention of the applicant's having any upper extremity radicular pain complaints. A cervical epidural steroid injection was seemingly sought to address the axial neck pain complaints. Tramadol, Lidoderm, and Soma were renewed. The applicant was given work restrictions but remained off of work, the treating provider acknowledged, as modified duty work was unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: No, the request for a cervical epidural steroid injection was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, here, however, there is no mention of the applicant's having any radicular symptoms present on or around the date of the request, August 18, 2015. The attending provider reporting on that date suggested that the applicant carried an operating diagnosis of cervical degenerative disk disease and that the applicant's neck pain complaints were entirely axial in nature. Epidural steroid injection therapy was not, thus, indicated in the axial neck pain/cervical degenerative disease context present here, per page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, which, rather, recommends epidural steroid injection for radicular pain. Therefore, the request was not medically necessary.